



**2013-14
Legislative
Summary**

**California Legislature
Assembly Committee on Health**

Assembly Committee on Health 2013



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2014



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I. ACA: The Patient Protection and Affordable Care Act

Chaptered

AB 1 X1 (John A. Pérez)

Medi-Cal: eligibility.

Enacts statutory changes necessary to implement the coverage expansion, eligibility, simplified enrollment, benefits, and retention provisions of the federal Patient Protection and Affordable Care Act related to the Medicaid Program (Medi-Cal in California) and the California Children's Health Insurance Program. Makes the enactment of this bill contingent upon enactment of SB 1 X1 (Ed Hernandez). Chapter 3, Statutes of 2013-14 First Extraordinary Session.

AB 2 X1 (Pan)

Health care coverage.

Establishes health insurance market reforms contained in the Patient Protection and Affordable Care Act specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions; and updates small employer health insurance laws to respond to federal regulations. Chapter 1, Statutes of 2013-14 First Extraordinary Session.

AB 361 (Mitchell)

Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Authorizes the Department of Health Care Services (DHCS) to submit State Plan Amendments or Section 1115 waiver amendment to the federal Centers for Medicare and Medicaid Services for approval to implement a health home program for adults, children, or both, with chronic conditions pursuant to the federal Patient Protection and Affordable Care Act. Requires DHCS, if it creates a health home program, to determine if a SPA that targets adults that meet specified criteria is operationally viable. Chapter 642, Statutes of 2013.

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 617 (Nazarian)

California Health Benefit Exchange: appeals.

Establishes an appeals process for eligibility determinations for insurance affordability programs (including Medi-Cal and tax credits available through the California Health Benefit Exchange (Covered California) and requires Covered California to contract with the Department of Social Services to serve as the designated entity to hear appeals. Chapter 869, Statutes of 2014.

AB 1180 (Pan)

Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.

Makes inoperative because of the federal Patient Protection and Affordable Care Act several provisions in existing state law that implement the health insurance laws of the federal Health Insurance Portability and Accountability Act of 1996 and additional provisions that provide former employees rights to convert their group health insurance coverage to individual market coverage without medical underwriting. Establishes notification requirements informing individuals affected by this bill and others of health insurance available in 2014. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 411, Statutes of 2013.

AB 1233 (Chesbro)

Medi-Cal: Administrative Claiming process.

Authorizes participating Native American Indian tribes, tribal organizations or subgroups to facilitate Medi-Cal applications, including but not limited to using the California Healthcare Eligibility, Enrollment, and Retention System, and allows reimbursement as a Medi-Cal Administrative Activities specific activity. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 306, Statutes of 2013.

AB 1428 (Conway)

California Health Benefit Exchange: employees and contractors.

Revises provisions that require the California Health Benefit Exchange (Exchange), known as Covered California, to require all employees, prospective employees, contractors, subcontractors, and vendors who facilitate enrollment in the Exchange and have access to the financial or medical information of enrollees or potential enrollees of the Exchange to be fingerprinted for the purpose of obtaining criminal history information by inserting a reference to Minimum Risk Standards for Exchanges, a specific federal document relating to health exchange privacy and security. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 561, Statutes of 2013.

AB 1962 (Skinner)

Dental plans: medical loss ratios: reports.

Requires health plans and insurers that issue, sell, renew, or offer specialized dental plans or policies to file an annual report with appropriate state regulators that is organized by group and product type and contains the same information required to be reported by health plans and insurers under the federal Patient Protection and Affordable Care Act. Chapter 567, Statutes of 2014.

SB 1 X1 (Ed Hernandez and Steinberg)

Medi-Cal: eligibility.

Enacts, along with AB 1 X1 (John A. Pérez), statutory changes necessary to implement the Medicaid (Medi-Cal in California) and the California Children's Health Insurance coverage expansion, eligibility, simplified enrollment, and retention provisions of the federal Patient Protection and Affordable Care Act (ACA). Contains the provisions of the ACA relating to benefits, Medi-Cal coverage for former foster care youth up to age 26, presumptive eligibility determinations made by qualified hospitals, and coverage for qualified immigrants. Makes the enactment of this bill contingent upon enactment of AB 1 X1 (John A. Pérez). Chapter 4, Statutes of 2013-14 First Extraordinary Session.

SB 2 X1 (Ed Hernandez)

Health care coverage.

Applies the individual insurance market reforms of the Affordable Care Act to health care service plans (health plans) regulated by the Department of Managed Health Care and updates the small group market laws for health plans to be consistent with federal regulations. Chapter 2, Statutes of 2013-14 First Extraordinary Session.

SB 3 X1 (Ed Hernandez)

Health care coverage: bridge plan.

Requires the California Health Benefit Exchange, known as Covered California, by means of selective contracting, to make a bridge plan product available to specified eligible individuals, as a qualified health plan (QHP). Exempts the bridge plan product from certain requirements that apply to QHPs relating to making the product available and marketing and selling to all individuals equally (guaranteed issue) outside the Exchange and selling products at other levels of coverage. Requires the Department of Health Care Services to include provisions relating to bridge plan products in its contracts with Medi-Cal managed care plans. Requires Covered California to evaluate three years of data from the bridge plan products, as specified. Repeals the authority for enrollment in a bridge plan product on the October 1 that falls five years after the date of federal approval. Chapter 5, Statutes of 2013-14 First Extraordinary Session.

SB 20 (Ed Hernandez)

Individual health care coverage: enrollment periods.

Changes the 2015 open enrollment period for individual market health plans and insurance policies from October 15, 2014, through December 7, 2014, to November 15, 2014, through February 15, 2015. Chapter 24, Statutes of 2014.

SB 28 (Ed Hernandez and Steinberg)

California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange, known as Covered California, with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of AB 1 X1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SB 1 X1 (Ed Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. Chapter 442, Statutes of 2013.

SB 161 (Ed Hernandez)

Stop-loss insurance coverage.

Establishes regulatory requirements for stop-loss insurance for small employers, including on or after January 1, 2016, setting an individual attachment point of \$40,000 or greater and an aggregate attachment point of the greater of \$5,000 times the total number of group members, 120% of expected claims, or \$40,000. Exempts small employer stop-loss insurance issued prior to September 1, 2013, from these attachment point requirements. Chapter 443, Statutes of 2013.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

SB 332 (Emmerson and DeSaulnier)

California Health Benefit Exchange: records.

Eliminates an exemption from the California Public Records Act (PRA) for contracts entered into by the California Health Benefit Exchange (Exchange, also known as Covered California); and instead requires contracts between health plans or insurers and Covered California to be open to inspection one year after the effective date and payment rates to be open three years after a contract or amendment is open to inspection. Also deletes a provision which exempts impressions, opinions, strategy, training, and other Covered California business from the PRA. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 446, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

SB 508 (Ed Hernandez)

Medi-Cal: eligibility.

Makes changes to the eligibility requirements for the Medi-Cal program, to codify existing eligibility levels or clarify changes made to the program's eligibility requirements when the state expanded eligibility under the federal Patient Protection and Affordable Care Act, in particular conforming existing law to the federal requirement to use modified adjusted gross income for eligibility determination. Chapter 831, Statutes of 2014.

SB 509 (DeSaulnier and Emmerson)

California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange, known as Covered California, to require fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, as required by federal law or guidance, for the purposes of obtaining information of the existence and content of a record of state or federal criminal history or the existence and content of pending state or federal arrests, as specified. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 10, Statutes of 2013.

SB 639 (Ed Hernandez)

Health care coverage.

Places in California law provisions of the Patient Protection and Affordable Care Act relating to out-of-pocket limits on health plan enrollee and insured cost-sharing, health plan and insurer actuarial value coverage levels and catastrophic coverage requirements, and requirements on health insurers with regard to coverage for out-of-network emergency services. Applies health plan enrollee and insured out-of-pocket limits to specialized products that offer essential health benefits. Allows carriers in the small group market to establish an index rate no more frequently than each calendar quarter. Chapter 316, Statutes of 2013.

SB 800 (Lara)

Health care coverage programs: transition.

Transfers specified employees of the Managed Risk Medical Insurance Board (MRMIB) to the Department of Health Care Services (DHCS) or the California Health Benefit Exchange (Exchange), now called Covered California, if any statute dissolves or terminates MRMIB. Requires DHCS to provide the Exchange, or its designee, information about parents or caretakers of children enrolled in the Healthy Families program or the targeted low-income Medi-Cal program in order to conduct outreach to potentially eligible individuals. Chapter 448, Statutes of 2013.

SB 959 (Ed Hernandez)

Health care coverage.

Requires health plans and insurers to deliver notice of rate changes at least 15 days in advance of the annual open enrollment period and makes numerous additional changes to current law related to health plans and insurers. Chapter 572, Statutes of 2014.

SB 972 (Torres)

California Health Benefit Exchange: board: membership.

Adds new areas of expertise that qualify a potential member to serve on the California Health Benefit Exchange Board. These areas of expertise include: 1) marketing of health insurance products; 2) information technology system management; 3) management information systems; and 4) enrollment counseling assistance, with priority to cultural and linguistic competency. Chapter 172, Statutes of 2014.

SB 1034 (Monning)

Health care coverage: waiting periods.

Prohibits health plans and health insurance policies in the group market from imposing a waiting or affiliation period. States legislative intent to: a) prohibit a group health plan or insurer from imposing a separate waiting or affiliation period in addition to any employer-imposed waiting period; and b) permit a group health plan or insurer to administer a waiting period imposed by a plan sponsor, as specified. Chapter 195, Statutes of 2014.

SB 1053 (Mitchell)

Health care coverage: contraceptives.

Requires, effective January 1, 2016, most health plans and insurers to cover a variety of Food and Drug Administration-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. Prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization management procedures if a therapeutic equivalent drug or device is offered by the plan with no cost sharing. Chapter 576, Statutes of 2014.

SB 1446 (DeSaulnier)

Health care coverage: small employer market.

Allows small employer health plan contracts and insurance policies that do not comply with specified reforms under the federal Patient Protection and Affordable Care Act to be renewed and continue to be in force through 2015. Chapter 84, Statutes of 2014.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

AB 2088 (Roger Hernández)

Health insurance: minimum value: large group market policies.

Would have required health plans and insurers that sell products in the large group market that provide a minimum value of less than 60%, as defined under federal law, to require that individuals to be covered by the product have comprehensive health coverage. Would have required plans that offer products with a minimum value of less than 60% to file a specified certification with state regulators and to disclose to potential purchasers that the product is a supplement to health insurance and is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

Veto Message: This bill seeks to prevent substandard health care coverage from being sold in the employer market by setting a minimum threshold for value.

While well-intentioned, to the extent this bill would outlaw any "grandfathered plans" – those products that have been continuously sold to an employer prior to the passage of the Affordable Care Act – it may violate federal law.

II. Alcohol and Drug Programs

Chaptered

AB 2374 (Mansoor)

Substance abuse: recovery and treatment services.

Requires deaths at licensed residential treatment facilities to be reported to the Department of Health Care Services in a timely manner. Requires private organizations that register or certify substance abuse counselors to verify that an applicant has not had another registration or certification revoked. Chapter 815, Statutes of 2014.

AB 2425 (Quirk)

Laboratories: review committee.

Provides for a temporary exemption from complying with an existing regulation governing forensic alcohol analysis tests for accredited law enforcement laboratories and provides the exemption only until the Department of Public Health updates their existing regulations. Chapter 570, Statutes of 2014.

SB 973 (Ed Hernandez)

Narcotic treatment programs.

Allows individuals to be admitted into a narcotic treatment program (NTP) when deemed necessary by a medical director, requires NTPs to maintain an individual record of each patient, and allows a medical director to determine whether or not to dilute take-home doses of controlled substances, as specified. Chapter 484, Statutes of 2014.

SB 1045 (Beall)

Medi-Cal Drug Treatment Program: group outpatient drug free services.

Changes the number of individuals allowed in a group to a minimum of two and a maximum of 14 for outpatient drug free services for the purposes of Drug Medi-Cal reimbursement and requires at least one individual in the group to be a Medi-Cal eligible beneficiary; for groups consisting of two individuals, the individual that is not a Medi-Cal eligible beneficiary must be receiving outpatient drug free services for a diagnosed substance abuse disorder. Chapter 80, Statutes of 2014.

SB 1161 (Beall)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it seeks a waiver of federal law regarding the Drug Medi-Cal program, to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospital settings providing short-term voluntary inpatient detoxification service. Chapter 486, Statutes of 2014.

SB 1339 (Cannella)

Medi-Cal: Drug Medi-Cal Treatment Program providers.

Requires the Department of Health Care Services or a county to obtain a criminal background check for the owner and medical director of a Drug Medi-Cal provider prior to entering into a contract. Chapter 488, Statutes of 2014.

III. Covered California

Chaptered

AB 1 X1 (John A. Pérez)

Medi-Cal: eligibility.

Enacts statutory changes necessary to implement the coverage expansion, eligibility, simplified enrollment, benefits, and retention provisions of the federal Patient Protection and Affordable Care Act related to the Medicaid Program (Medi-Cal in California) and the California Children's Health Insurance Program. Makes the enactment of this bill contingent upon enactment of SB 1 X1 (Ed Hernandez). Chapter 3, Statutes of 2013-14 First Extraordinary Session.

AB 2 X1 (Pan)

Health care coverage.

Establishes health insurance market reforms contained in the Patient Protection and Affordable Care Act specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions; and updates small employer health insurance laws to respond to federal regulations. Chapter 1, Statutes of 2013-14 First Extraordinary Session.

AB 369 (Pan)

Continuity of care.

Allows a person with health coverage in the individual market whose health plan or policy was cancelled between December 1, 2013, and March 31, 2014, to request that his or her new health plan or insurance policy cover the completion of services for treatment of specified conditions, such as cancer or pregnancy, from the person's existing provider who is not a participating provider with the new health plan or policy. Chapter 4, Statutes of 2014.

AB 617 (Nazarian)

California Health Benefit Exchange: appeals.

Establishes an appeals process for eligibility determinations for insurance affordability programs (including Medi-Cal and tax credits available through the California Health Benefit Exchange (Covered California) and requires Covered California to contract with the Department of Social Services to serve as the designated entity to hear appeals. Chapter 869, Statutes of 2014.

AB 1428 (Conway)

California Health Benefit Exchange: employees and contractors.

Revises provisions that require the California Health Benefit Exchange (Exchange), known as Covered California, to require all employees, prospective employees, contractors, subcontractors, and vendors who facilitate enrollment in the Exchange and have access to the financial or medical information of enrollees or potential enrollees of the Exchange to be fingerprinted for the purpose of obtaining criminal history information by inserting a reference to Minimum Risk Standards for Exchanges, a specific federal document relating to health exchange privacy and security. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 561, Statutes of 2013.

SB 1 X1 (Ed Hernandez and Steinberg)

Medi-Cal: eligibility.

Enacts, along with AB 1 X1 (John A. Pérez), statutory changes necessary to implement the Medicaid (Medi-Cal in California) and the California Children's Health Insurance coverage expansion, eligibility, simplified enrollment, and retention provisions of the federal Patient Protection and Affordable Care Act (ACA). Contains the provisions of the ACA relating to benefits, Medi-Cal coverage for former foster care youth up to age 26, presumptive eligibility determinations made by qualified hospitals, and coverage for qualified immigrants. Makes the enactment of this bill contingent upon enactment of AB 1 X1 (John A. Pérez). Chapter 4, Statutes of 2013-14 First Extraordinary Session.

SB 2 X1 (Ed Hernandez)

Health care coverage.

Applies the individual insurance market reforms of the Affordable Care Act to health care service plans (health plans) regulated by the Department of Managed Health Care and updates the small group market laws for health plans to be consistent with federal regulations. Chapter 2, Statutes of 2013-14 First Extraordinary Session.

SB 28 (Ed Hernandez and Steinberg)

California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange, known as Covered California, with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of AB 1 X1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SB 1 X1 (Ed Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. Chapter 442, Statutes of 2013.

SB 332 (Emmerson and DeSaulnier)

California Health Benefit Exchange: records.

Eliminates an exemption from the California Public Records Act (PRA) for contracts entered into by the California Health Benefit Exchange (Exchange, also known as Covered California); and instead requires contracts between health plans or insurers and Covered California to be open to inspection one year after the effective date and payment rates to be open three years after a contract or amendment is open to inspection. Also deletes a provision which exempts impressions, opinions, strategy, training, and other Covered California business from the PRA. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 446, Statutes of 2013.

SB 509 (DeSaulnier and Emmerson)

California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange, known as Covered California, to require fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, as required by federal law or guidance, for the purposes of obtaining information of the existence and content of a record of state or federal criminal history or the existence and content of pending state or federal arrests, as specified. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 10, Statutes of 2013.

SB 800 (Lara)

Health care coverage programs: transition.

Transfers specified employees of the Managed Risk Medical Insurance Board (MRMIB) to the Department of Health Care Services (DHCS) or the California Health Benefit Exchange (Exchange), now called Covered California, if any statute dissolves or terminates MRMIB. Requires DHCS to provide the Exchange, or its designee, information about parents or caretakers of children enrolled in the Healthy Families program or the targeted low-income Medi-Cal program in order to conduct outreach to potentially eligible individuals. Chapter 448, Statutes of 2013.

SB 972 (Torres)

California Health Benefit Exchange: board: membership.

Adds new areas of expertise that qualify a potential member to serve on the California Health Benefit Exchange Board. These areas of expertise include: 1) marketing of health insurance products; 2) information technology system management; 3) management information systems; and 4) enrollment counseling assistance, with priority to cultural and linguistic competency. Chapter 172, Statutes of 2014.

SB 1052 (Torres)

Health care coverage.

Requires health plans and insurers to use a standard drug formulary template to display their drug formularies and to post their formularies on their Web sites. Requires the California Health Benefit Exchange to provide links to the formularies. Chapter 575, Statutes of 2014.

Vetoed

AB 1877 (Cooley)

California Vision Care Access Council.

Would have created in state government the California Vision Care Access Council, governed by the Board of the California Health Benefit Exchange, to create a Website to inform consumers about individual and employer-based vision plans offered by participating carriers.

Veto Message: The bill would create the California Vision Care Access Council as a new public entity charged with operating a Web site that allows consumers to compare information about vision plans that meet the Council's requirements. The bill would also require Covered California's board to run the Council's operations, and use the board's staff and resources to conduct the activities of the Council, if permitted by federal law.

Creating a new state bureaucracy to inform consumers about vision plans isn't necessary, nor is it advisable to divert Covered California's focus with a new scheme, the governance of which may be impermissible under federal rules.

IV. Dental/Oral Health

Chaptered

AB 1174 (Bocanegra and Logue)

Dental professionals.

Authorizes Medi-Cal payments for teledentistry services provided to individuals participating in the Medi-Cal program. Expands duties of registered dental assistants (RDAs), RDAs in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice. Chapter 662, Statutes of 2014.

AB 1962 (Skinner)

Dental plans: medical loss ratios: reports.

Requires health plans and insurers that issue, sell, renew, or offer specialized dental plans or policies to file an annual report with appropriate state regulators that is organized by group and product type and contains the same information required to be reported by health plans and insurers under the federal Patient Protection and Affordable Care Act. Chapter 567, Statutes of 2014.

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V. Emergency Medical Services: Trauma Care

Chaptered

AB 58 (Wieckowski)

Medical experiments: human subjects.

Makes permanent an exemption in current law that allows, until January 1, 2014, patients in life-threatening emergencies to receive medical experimental treatment without informed consent if specified conditions are met in accordance with federal law. Chapter 547, Statutes of 2013.

AJR 48 (Rodriguez)

Federal memorials: emergency medical services.

Urges the President and Congress of the United States to enact legislation to authorize the National Emergency Medical Services Memorial Foundation to establish the National Emergency Medical Services Memorial in Washington, D.C. Res. Chapter 166, Statutes of 2014.

SB 191 (Padilla)

Emergency medical services.

Extends to January 1, 2017, existing law: 1) authorizing county Boards of Supervisors to elect to levy an additional \$2 for every \$10 fine, penalty, or forfeiture imposed or collected by the courts for all criminal offenses, including violations of the Alcoholic Beverage Control Act and Vehicle Code for purposes of the Maddy Emergency Medical Services Fund; 2) requiring 15% of the collected assessments to be utilized for all pediatric trauma centers throughout the county, as specified; and, 3) requiring costs of administering money deposited into the fund pursuant to such assessments to be reimbursed in an amount that does not exceed the actual administrative costs or 10% of the money collected, whichever amount is lower. Chapter 600, Statutes of 2013.

SB 1438 (Pavley)

Controlled substances: opioid antagonists.

Adds peace officers to those allowed to administer an opioid antagonist to a person at risk of an opioid-related overdose. Requires the Emergency Medical Services Authority to develop and adopt training and standards for all prehospital emergency care personnel regarding the use and administration of naloxone hydrochloride and other opioid antagonists and to include the administration of naloxone in the training and scope of practice, consistent with current law, for emergency medical technician I certification. Requires the Attorney General to authorize hospitals and trauma centers to share data on controlled substance overdose trends with local law enforcement agencies and local emergency medical services agencies, as specified. Chapter 491, Statutes of 2014.

SB 1465 (Committee on Health)

Health.

Requires local emergency medical services agencies (LEMSAs) to send a status report on their Emergency Medical Services Fund reports to the Emergency Medical Services Authority (EMSA), rather than to the Legislature and requires EMSA to compile and send a summary of each LEMSA's report to the Legislature, as specified. Permits the Department of Health Care Services to cancel a provider application review process if an application package is withdrawn at the request of the applicant or provider. Reorganizes the quality assurance fee provisions to distinguish between supplemental payment rates (amounts that hospitals are paid) and fee rates (amount that hospitals pay). Makes numerous technical, clarifying changes to existing law and extends the sunset on the California Health Benefits Review Program from June 30, 2015 to December 1, 2015. Chapter 442, Statutes of 2014.

Vetoed

AB 2577 (Cooley and Pan)

Medi-Cal: ground emergency medical transportation services.

Would have required the Department of Health Care Services to design and implement a program to allow government entities to use intergovernmental transfers to claim federal Medicaid (Medi-Cal in California) funds in order to increase reimbursement for ground emergency medical transportation services provided to Medi-Cal managed care enrollees.

Veto Message: While I support funding mechanisms that would increase the availability of federal funds, this bill presents significant policy and implementation challenges at a time when the Department of Health Care Services is working at full capacity on several new and critical priorities integrating the Affordable Care Act into our health care system.

I will direct the department to continue conversations on this funding mechanism that reflects a more realistic time frame and is more workable for the department.

SB 535 (Nielsen)

Commission on Emergency Medical Services.

Would have revised the membership of the Commission on Emergency Medical Services by adding one representative from a public agency that provides air rescue and transport to be appointed by the Speaker of the Assembly and one air ambulance representative appointed by the Senate Rules Committee from a list of three names submitted by the California Association of Air Medical Services.

Veto Message: The bill seeks to increase the membership of the California Commission on Emergency Medical Services from 18 members to 20 members, adding representatives from air ambulance and air rescue and transport.

My administration proposed to eliminate this commission in 2011, as part of an overall effort to consolidate departments and streamline boards and commissions. For as long as the Commission continues to perform its work, there should be no shortage of expertise or willingness of an 18-member body to address all aspects of the system, including air ambulance and air rescue. Any lack of appropriate attention should be remedied by the commission and the public process that is used to address matters of import to the public and other system stakeholders.

VI. End of Life

Chaptered

AB 2139 (Eggman)

End-of-life care: patient notification.

Requires a health care provider, when making a diagnosis that a patient has a terminal illness, to notify the patient of his or her right to comprehensive information and counseling regarding legal end-of-life options. Extends the right to request information to a person authorized to make health care decisions for the patient and specifies that the information may be provided at the time of diagnosis or at a subsequent visit with the health care provider. Chapter 568, Statutes of 2014.

SB 1004 (Ed Hernandez)

Health care: palliative care.

Requires the Department of Health Care Services (DHCS) to assist Medi-Cal managed care plans in delivering palliative care services. Requires DHCS to consult with stakeholders and directs DHCS to ensure the delivery of palliative care services in a manner that is cost-neutral to the General Fund, to the extent practicable. Chapter 574, Statutes of 2014.

Vetoed

SB 455 (Ed Hernandez)

General acute care hospitals: nurse-to-patient ratios.

Would have required a committee for each general acute care hospital to review, at least annually, the reliability of its patient classification system and would have required at least 50% of the committee members to be registered nurses (RNs) who provide direct patient care, and that these RNs be appointed by their bargaining agent, if any. Would have required the Department of Public Health, during every periodic state inspection of a general acute care hospital, to inspect for compliance with the nurse-to-patient ratios.

Veto Message: This bill restates current law, which requires the Department of Public Health to inspect hospital compliance with nurse-to-patient ratios, and specifies that each individual hospital committee that reviews a patient classification system shall be comprised of registered nurses appointed by the bargaining agent, unless none exists.

This bill directs decisions that are best left at the local level.

VII. Food Safety: Nutrition

Chaptered

AB 626 (Skinner and Lowenthal)

School nutrition.

Updates requirements for foods and drinks served in schools and makes additional changes to conform to the federal Healthy Hunger-Free Kids Act of 2010. Chapter 706, Statutes of 2013.

AB 1252 (Committee on Health)

Retail food safety.

Makes various technical, clarifying, and conforming changes to the California Retail Food Code, the state's principal law governing food safety and sanitation in retail food facilities, and makes changes necessary to implement California's cottage food operations law. Chapter 556, Statutes of 2013.

AB 1965 (Yamada)

Outdoor dining facilities: pet dogs.

Allows food facilities to permit a person to bring a pet dog to outdoor dining areas, provided that certain conditions are met, and allows local governing bodies to prohibit pet dogs in food facilities' outdoor dining areas. Chapter 234, Statutes of 2014.

AB 2130 (Pan and Gatto)

Retail food safety.

Repeals a prohibition on bare hand contact with ready-to-eat food by food employees and replaces it with prior law, which required food employees to minimize bare hand contact. Chapter 75, Statutes of 2014.

AB 2539 (Ting)

Certified farmers' markets.

Makes various changes to the rules governing certified farmers' markets, including requiring all meat products offered for sale in a farmers' market to be from approved sources and to be maintained at 41 degrees Fahrenheit, prohibiting smoking of nicotine products within 25 feet of the commerce area of the farmers' market, and prohibiting the self-serving of food samples. Chapter 907, Statutes of 2014.

SB 1235 (Knight)

Prepackaged food.

Expands an exemption from provisions of the California Retail Food Code (CRFC), premises set aside for a beer tasting facility that currently serves chips and pretzels to include prepackaged, non-potentially hazardous food for onsite consumption. Requires a beer tasting facility that sells prepackaged, non-potentially hazardous foods to comply with general provisions of the CRFC relating to proper storage of food, inspection, and enforcement provisions, impoundment of food, penalties, and owner/operator responsibilities; limits the food display area to less than 25 square feet. Chapter 927, Statutes of 2014.

Vetoed

SB 1002 (De León)

Low-income individuals: eligibility determinations.

Would have required a county to begin a new 12-month Medi-Cal eligibility period on a date that aligns the Medi-Cal eligibility period with the beneficiary's household CalFresh (formerly known as the Supplemental Nutrition Assistance Program) certification period, when a county determines or recertifies CalFresh eligibility.

Veto Message: The bill would require the Department of Health Care Services to seek federal permission to use an individual's CalFresh eligibility information to redetermine that same individual's eligibility for Medi-Cal; similarly, the bill would also require the Department of Social Services to seek federal permission to use an individual's Medi-Cal eligibility information to determine or redetermine eligibility for CalFresh.

Each department is working with the appropriate controlling federal agency to use existing program eligibility information to accomplish the goals of the bill.

I appreciate the support of the Legislature, but this bill is not necessary.

VIII. Health Care Administration

Chaptered

SB 1052 (Torres)

Health care coverage.

Requires health plans and insurers to use a standard drug formulary template to display their drug formularies and to post their formularies on their Web sites. Requires the California Health Benefit Exchange to provide links to the formularies. Chapter 575, Statutes of 2014.

SB 1182 (Leno)

Health care coverage: claims data.

Requires health plans and insurers to share specified data with purchasers that have 1,000 or more enrollees or that are multiemployer trusts. Chapter 577, Statutes of 2014.

SB 1276 (Ed Hernandez)

Health care: fair billing policies.

Defines a “reasonable payment plan” for purposes of hospital and emergency physician charity care programs, as monthly payments that do not exceed 10% of a patient's income after deducting essential living expenses, and expands eligibility for the hospital charity care and discount payment programs to patients with insurance, when the out-of-pocket expenses exceed 10% of the patient's income. Chapter 758, Statutes of 2014.

SB 1299 (Padilla)

Workplace violence prevention plans: hospitals.

Requires the Division of Occupational Safety and Health at the Department of Industrial Relations, by July 1, 2016, to adopt standards that require a general acute care hospital, acute psychiatric hospital, or a special hospital, as defined, to adopt a workplace violence prevention plan as part of its injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Chapter 842, Statutes of 2014.

Vetoed

AB 2088 (Roger Hernández)

Health insurance: minimum value: large group market policies.

Would have required health plans and insurers that sell products in the large group market that provide a minimum value of less than 60%, as defined under federal law, to require that individuals to be covered by the product have comprehensive health coverage. Would have required plans that offer products with a minimum value of less than 60% to file a specified certification with state regulators and to disclose to potential purchasers that the product is a supplement to health insurance and is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

Veto Message: This bill seeks to prevent substandard health care coverage from being sold in the employer market by setting a minimum threshold for value.

While well-intentioned, to the extent this bill would outlaw any "grandfathered plans" – those products that have been continuously sold to an employer prior to the passage of the Affordable Care Act – it may violate federal law.

SB 1094 (Lara)

Nonprofit health facilities: sale of assets: Attorney General approval.

Would have provided an additional 30 days for the Attorney General (AG) to review proposed transactions involving non-profit health facilities. Would have allowed the AG to enforce the conditions of an approved agreement, and to amend the conditions of an agreement or transaction involving a non-profit health facility if a party to the transaction or agreement made material misrepresentations to the AG. Would have required the AG, prior to imposing an amended condition, to provide the parties to the agreement written notice of the proposed condition and allows the parties 30 days to respond.

Veto Message: This bill would expand the Attorney General's power to review and impose conditions on the sale or transfer of nonprofit hospitals and their assets.

For nearly two decades, the Attorney General has had the authority to approve, deny or place conditions on these transactions in order to evaluate potential impacts on a community's access to health care services, and safeguard - as much as possible - those assets that have been held in the public trust. Occasionally, disputes pertaining to the conditions of approval arise after a transaction has been approved, and the Attorney General must appeal to the courts to impose the remedy.

The Attorney General's office is currently in the process of revising regulations pertaining to these transactions. We should wait until these new regulations are implemented before deciding what adjustments, if any, are needed to improve the approval process for nonprofit hospital sales.

IX. Health Care Data Collection: Transparency

Chaptered

AB 1382 (Committee on Health)

Reporting.

Makes technical changes to terms used in the reporting of health data information by specified health facilities to the Office of Statewide Health Planning and Development. Deletes references to “principal language spoken” and “external cause of injury” and replaces these terms with “preferred language spoken” and “external causes of morbidity,” and deletes the reporting requirement of “other external cause of injury.” Makes other technical and conforming changes. Chapter 599, Statutes of 2013.

AB 1812 (Pan)

Health facilities: information: disclosure.

Authorizes the Office of Statewide Health Planning and Development to release confidential hospital patient-level data to the United States Department of Health and Human Services and its subsidiary agencies and to the Veterans Health Care Administration, under specific data use agreements. Chapter 265, Statutes of 2014.

SB 1182 (Leno)

Health care coverage: claims data.

Requires health plans and insurers to share specified data with purchasers that have 1,000 or more enrollees or that are multiemployer trusts. Chapter 577, Statutes of 2014.

SB 1465 (Committee on Health)

Health.

Requires local emergency medical services agencies (LEMSAs) to send a status report on their Emergency Medical Services Fund reports to the Emergency Medical Services Authority (EMSA), rather than to the Legislature and requires EMSA to compile and send a summary of each LEMSA's report to the Legislature, as specified. Permits the Department of Health Care Services to cancel a provider application review process if an application package is withdrawn at the request of the applicant or provider. Reorganizes the quality assurance fee provisions to distinguish between supplemental payment rates (amounts that hospitals are paid) and fee rates (amount that hospitals pay). Makes numerous technical, clarifying changes to existing law and extends the sunset on the California Health Benefits Review Program from June 30, 2015 to December 1, 2015. Chapter 442, Statutes of 2014.

Vetoed

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 1592 (Beth Gaines)

California Diabetes Program.

Would have required the Department of Public Health (DPH) to complete and submit to the Legislature a Diabetes Burden Report by December 31, 2015, including, among other things, actionable items for consideration by the Legislature that will aid in attaining the goals set forth by DPH in the California Wellness Plan for 2014. Would have required DPH to include in the report guidelines that will reduce the fiscal burden of diabetes to the state.

Veto Message: I appreciate the author's efforts to highlight, monitor and reduce the burden of diabetes in the state. Unfortunately, the Department of Public Health already submitted its Diabetes Burden Report to the federal Centers for Disease Control and Prevention, as required, and is unable to withdraw the report to include additional information prescribed by the bill.

Instead, I will direct the Department of Public Health and the Department of Health Care Services to work with the author and stakeholders to provide the information sought by the bill, so that lawmakers and others will have the facts necessary to assess and further direct our collective effort to reduce the prevalence of diabetes in our state.

SB 746 (Leno)

Health care coverage: premium rates.

Would have established new data reporting requirements on health plans and health insurers sold in the large group market and new specific data reporting requirements related to annual medical trend factors by service category, as well as claims data or deidentified patient-level data, as specified, for a health care service plan (health plan) or health insurer that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the health plan (referring to Kaiser Permanente).

Veto Message: This bill would require all health plans and insurers to disclose every year broad data relating to services used by large employer groups, including aggregate rate increases by benefit category. The bill also requires that one health plan additionally provide anonymous claims data or patient level data upon request and without charge to large purchasers.

I support efforts to make health care costs more transparent, and my administration is moving forward to establish transparency programs that will cover all health plans and systems.

I urge all parties to work together in this effort. If these voluntary efforts fail, I will seriously consider stronger actions.

X. Health Care Facilities

Chaptered

AB 297 (Chesbro)

Primary care clinics.

Authorizes a primary care clinic to submit verification of certification from the Accreditation Association for Ambulatory Health Care or any other accrediting organization recognized by the Department of Public Health (DPH) to the Licensing and Certification Division of the DPH for purposes of data collection and extraction for licensing and certification fee calculations. Chapter 583, Statutes of 2013.

AB 498 (Chávez)

Medi-Cal.

Requires the Department of Health Care Services to allocate payments for uncompensated care to Non-Designated Public Hospitals (known more commonly as district hospitals or NDPHs) from the federally funded Safety Net Care Pool (SNCP) under the state's Medicaid waiver, subject to specified conditions. Requires NDPHs, or governmental entities with which they are affiliated, to receive funding from the SNCP, minus 50% retained by the state. Requires supplemental reimbursement, under an existing Medi-Cal program that provides supplemental federal reimbursement to public distinct part nursing facilities, to be subject to a reconciliation process. Chapter 672, Statutes of 2013.

AB 620 (Buchanan)

Health and care facilities: missing patients and participants.

Requires intermediate care facilities, nursing facilities, congregate living facilities, and adult day centers to develop and comply with a patient or resident absentee notification plan for the purpose of addressing issues that arise when a resident is missing from the facility. Chapter 674, Statutes of 2013.

AB 974 (Hall)

Patient transfer: nonmedical reasons: notice to contact person or next of kin.

Establishes a requirement for hospitals seeking to transfer a person from one facility to another for nonmedical reasons to first ask for an emergency contact person who should be notified and informed about any proposed transfer. Chapter 711, Statutes of 2013.

AB 1054 (Chesbro)

Mental health: skilled nursing facility: reimbursement rate.

Replaces a current requirement for counties to provide a 4.7% annual increase to the reimbursement rates of institutions for mental disease licensed as skilled nursing facilities with a requirement for a 3.5% annual increase. Chapter 303, Statutes of 2013.

AB 1340 (Achadjian)

Enhanced treatment programs.

Permits the Department of State Hospitals to establish and administer a pilot enhanced treatment program (ETP) at each state hospital, for the duration of five calendar years, for testing the effectiveness of treatment for patients who are at high risk of the most dangerous behavior. Authorizes ETPs to be licensed under the same requirements as acute psychiatric hospital licensing requirements, and makes significant changes to current requirements and procedures related to the admission of patients and the administration of care. Chapter 718, Statutes of 2014.

AB 1382 (Committee on Health)

Reporting.

Makes technical changes to terms used in the reporting of health data information by specified health facilities to the Office of Statewide Health Planning and Development. Deletes references to “principal language spoken” and “external cause of injury” and replaces these terms with “preferred language spoken” and “external causes of morbidity,” and deletes the reporting requirement of “other external cause of injury.” Makes other technical and conforming changes. Chapter 599, Statutes of 2013.

AB 1974 (Quirk)

Health facilities: special services.

Specifies that a “special service” does not include a functional division, department, or unit of a nursing facility that is Medicare or Medi-Cal certified and that is organized, staffed, and equipped to provide inpatient physical therapy services, occupational therapy services, or speech pathology and audiology services to residents of the facility. Chapter 288, Statutes of 2014.

AB 2051 (Gonzalez and Bocanegra)

Medi-Cal: providers: affiliate primary care clinics.

Streamlines the enrollment process into Medi-Cal and the Family Planning, Access, Care, and Treatment for affiliate primary care clinics. Chapter 356, Statutes of 2014.

AB 2557 (Pan)

Hospitals: seismic safety.

Authorizes the Office of Statewide Health Planning and Development to grant certain hospitals, who have already received an extension of the January 1, 2008, seismic safety deadline, an additional extension until September 1, 2015. Chapter 821, Statutes of 2014.

SB 239 (Ed Hernandez and Steinberg)

Medi-Cal: hospitals: quality assurance fees: distinct part skilled nursing facilities.

Enacts the Medi-Cal Hospital Reimbursement Improvement Act of 2013 to provide supplemental Medi-Cal payments to private hospitals; increased payments to Medi-Cal managed care plans for hospital services to Medi-Cal managed care enrollees; directs grants to designated public hospitals (hospitals owned or operated by counties or the University of California); directs grants to nondesignated public hospitals (hospitals owned or operated by hospital districts); and, provides funding for children's health care coverage. Requires private acute care hospitals to pay a quality assurance fee, as specified, until December 31, 2016, in order to provide funding for federal matching funds for supplemental payments, children's coverage, and direct grants. Establishes Intergovernmental Transfer programs. Eliminates a prospective Medi-Cal rate reduction that applies to distinct part nursing facilities. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 657, Statutes of 2013.

SB 357 (Correa)

Elective Percutaneous Coronary Intervention (PCI) Pilot Program.

Extends the January 1, 2014, sunset date for the Elective Percutaneous Coronary Intervention Pilot Program (PCI Pilot Program) to January 1, 2015, and requires the final report by the PCI Pilot Program oversight committee to be completed by July 31, 2013, rather than at the conclusion of the PCI Pilot Program. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 202, Statutes of 2013.

SB 402 (De León)

Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. Chapter 666, Statutes of 2013.

SB 534 (Ed Hernandez)

Health and care facilities.

Requires, until the California Departments of Public Health (DPH) and Developmental Services adopt regulations for licensure for Intermediate Care Facilities for the Developmentally Disabled - Nursing, these facilities comply with applicable federal certification standards. Requires chronic dialysis clinics, surgical clinics, and rehabilitation clinics to comply with federal certification standards until DPH has adopted regulations for those facilities. Creates a specific exemption to current law, which requires congregate living health facilities (CLHFs) to be freestanding, that allows for multiple CLHFs to exist in one multifloor building if certain requirements are met. Chapter 722, Statutes of 2013.

SB 563 (Galgiani)

Office of Statewide Health Planning and Development: hospital construction.

Requires the person or entity requesting a copy of a construction document maintained by the Office of State Health Planning and Development (OSHPD) to bear the actual cost of producing the copy of that document, including staff time spent retrieving, inspecting, and handling the documents, as well as copying and shipping costs. Requires OSHPD to provide the requestor with an estimate of the cost prior to making the copies. Chapter 470, Statutes of 2013.

SB 816 (Committee on Health)

Hospice facilities: developmental disabilities: intellectual disability.

Makes the State Fire Marshal, rather than the Office of Statewide Health Planning and Development, responsible for the development of building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities. Chapter 289, Statutes of 2013.

SB 906 (Correa)

Elective Percutaneous Coronary Intervention (PCI) Program.

Creates the Elective Percutaneous Coronary Intervention Program in the Department of Public Health to certify general acute care hospitals that are licensed to provide urgent and emergent cardiac catheterization laboratory services in California, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. Chapter 368, Statutes of 2014.

SB 1161 (Beall)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it seeks a waiver of federal law regarding the Drug Medi-Cal program, to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospital settings providing short-term voluntary inpatient detoxification service. Chapter 486, Statutes of 2014.

SB 1311 (Hill)

Hospitals: antimicrobial stewardship.

Requires all general acute-care hospitals to adopt and implement an antimicrobial stewardship policy that includes a process to evaluate the judicious use of antibiotics. Chapter 843, Statutes of 2014.

SB 1465 (Committee on Health)

Health.

Requires local emergency medical services agencies (LEMSAs) to send a status report on their Emergency Medical Services Fund reports to the Emergency Medical Services Authority (EMSA), rather than to the Legislature and requires EMSA to compile and send a summary of each LEMSA's report to the Legislature, as specified. Permits the Department of Health Care Services to cancel a provider application review process if an application package is withdrawn at the request of the applicant or provider. Reorganizes the quality assurance fee provisions to distinguish between supplemental payment rates (amounts that hospitals are paid) and fee rates (amount that hospitals pay). Makes numerous technical, clarifying changes to existing law and extends the sunset on the California Health Benefits Review Program from June 30, 2015 to December 1, 2015. Chapter 442, Statutes of 2014.

Vetoed

AB 1552 (Lowenthal)

Community-based adult services: adult day health care centers.

Would have established the Community-Based Adult Services (CBAS) program as a Medi-Cal benefit, in both Medi-Cal fee-for-service and managed care, and specified requirements for CBAS program eligibility, and provider licensure and certification.

Veto Message: The bill would codify the Community-Based Adult Services benefit according to provisions stipulated in a settlement agreement reached in 2012.

Currently, this benefit is authorized under an approved waiver by the federal government. The terms of the waiver may change, pending federal review.

This important program will continue to help many thousands of frail adults remain independent. Codifying it now is premature.

AB 1822 (Bonta)

Tissue banks.

Would have allowed certain healthcare providers to store unused tissue without being licensed as a tissue bank, provided they maintain the tissue in accordance with the manufacturers' instructions and the tissue is regulated by the federal Food and Drug Administration.

Veto Message: The bill would exempt hospitals, ambulatory surgical centers and other outpatient settings from having to obtain licensure as a tissue bank if the human tissue or cell-based product they receive and store meets specified requirements.

Currently, because hospitals and other outpatient facilities do not want to become licensed tissue banks, they pay expensive courier fees to transport unused products back to tissue banks -- a cost they pass on to the tissue banks themselves. While I support eliminating overly burdensome regulation, I'm not convinced that the bill strikes the right balance between safety and economy.

I will direct the Department of Public Health to continue working with interested parties to develop an approach that balances appropriate oversight with cost savings for suppliers.

AB 2062 (Roger Hernández)

Health facilities: surgical technologists.

Would have prohibited a health facility from employing a surgical technologist unless the individual had completed an accredited educational program and obtained certification as a surgical technologist. Would have grandfathered in surgical technologists who were employed in health facilities prior to January 1, 2015.

Veto Message: The bill would require that a health facility employ only surgical technologists with specified training and certification, with certain exceptions.

Two years ago, I vetoed a similar bill that sought "title protection" for certified surgical technologists in law. A new certification requirement, enforced by hospitals, could introduce an unnecessary barrier to employment.

Hospitals successfully employ many surgical technologists today. They should continue to do their utmost to ensure that everyone in an operating room is competent and qualified to do the job.

SB 455 (Ed Hernandez)

General acute care hospitals: nurse-to-patient ratios.

Would have required a committee for each general acute care hospital to review, at least annually, the reliability of its patient classification system and would have required at least 50% of the committee members to be registered nurses (RNs) who provide direct patient care, and that these RNs be appointed by their bargaining agent, if any. Would have required the Department of Public Health, during every periodic state inspection of a general acute care hospital, to inspect for compliance with the nurse-to-patient ratios.

Veto Message: This bill restates current law, which requires the Department of Public Health to inspect hospital compliance with nurse-to-patient ratios, and specifies that each individual hospital committee that reviews a patient classification system shall be comprised of registered nurses appointed by the bargaining agent, unless none exists.

This bill directs decisions that are best left at the local level.

SB 1094 (Lara)

Nonprofit health facilities: sale of assets: Attorney General approval.

Would have provided an additional 30 days for the Attorney General (AG) to review proposed transactions involving non-profit health facilities. Would have allowed the AG to enforce the conditions of an approved agreement, and to amend the conditions of an agreement or transaction involving a non-profit health facility if a party to the transaction or agreement made material misrepresentations to the AG. Would have required the AG, prior to imposing an amended condition, to provide the parties to the agreement written notice of the proposed condition and allows the parties 30 days to respond.

Veto Message: This bill would expand the Attorney General's power to review and impose conditions on the sale or transfer of nonprofit hospitals and their assets.

For nearly two decades, the Attorney General has had the authority to approve, deny or place conditions on these transactions in order to evaluate potential impacts on a community's access to health care services, and safeguard - as much as possible - those assets that have been held in the public trust. Occasionally, disputes pertaining to the conditions of approval arise after a transaction has been approved, and the Attorney General must appeal to the courts to impose the remedy.

The Attorney General's office is currently in the process of revising regulations pertaining to these transactions. We should wait until these new regulations are implemented before deciding what adjustments, if any, are needed to improve the approval process for nonprofit hospital sales.

XI. Health Care Professionals

Chaptered

AB 154 (Atkins)

Abortion.

Authorizes a nurse practitioner, certified nurse midwife, and physician assistant to perform abortion by medication or aspiration techniques in the first trimester of pregnancy upon completion of training, as specified. Chapter 662, Statutes of 2013.

AB 565 (Salas)

California Physician Corps Program.

Revises the definition of a practice setting for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) to include a physician owned and operated medical practice setting that provides primary care located in a medically underserved area (MUA), as specified. Revises the criteria of the STLRP to require that an applicant have three years providing health care services to medically underserved populations (MUPs) or in a MUA and to give priority consideration to applicants from rural communities who agree to practice in a physician owned and operated practice setting, as specified. Deletes the STLRP guideline that seeks to place the most qualified applicants in the areas with the greatest need and replaces it with the requirement that the STLRP gives preference to applicants who agree to practice in a federally designated health professional shortage area or MUA and who agree to serve a MUP. Chapter 378, Statutes of 2013.

AB 1340 (Achadjian)

Enhanced treatment programs.

Permits the Department of State Hospitals to establish and administer a pilot enhanced treatment program (ETP) at each state hospital, for the duration of five calendar years, for testing the effectiveness of treatment for patients who are at high risk of the most dangerous behavior. Authorizes ETPs to be licensed under the same requirements as acute psychiatric hospital licensing requirements, and makes significant changes to current requirements and procedures related to the admission of patients and the administration of care. Chapter 718, Statutes of 2014.

AB 2143 (Williams)

Clinical laboratories: chiropractors.

Allows doctors of chiropractic (DC) to perform specified laboratory (lab) tests as part of the qualifications examinations for commercial drivers. Authorizes waivers from state requirements for clinical labs when performing specified tests, provided certain requirements are met. Requires a DC to obtain a waiver and comply with all applicable requirements for performing waived lab tests and requires the DC to refer an applicant who has an abnormal reading to the applicant's primary care physician. Chapter 269, Statutes of 2014.

ACR 1 (Medina)

University of California: UC Riverside School of Medicine.

Declares that the UC Riverside School of Medicine serves an important role in training a diverse workforce of physicians and providing healthcare to the underserved communities of the Inland Empire region of California. Resolution Chapter 54, Statutes of 2013.

ACR 107 (Bloom)

Year of the Family Physician.

Designates 2014 as the “Year of the Family Physician” in recognition for their dedication keeping patients as healthy as possible and for the critically important role family physicians play for patients during the implementation of the federal Patient Protection and Affordable Care Act and beyond. Res. Chapter 82, Statutes of 2014.

SB 271 (Ed Hernandez)

Associate Degree Nursing Scholarship Program.

Deletes the January 1, 2014, sunset date, makes permanent the Associate Degree Nursing Scholarship Pilot Program (ADN Scholarship Program), and deletes references to the program as a pilot. Requires the Office of Statewide Health Planning and Development to post ADN Scholarship Program statistics and updates on its Internet Web site. Chapter 384, Statutes of 2013.

SB 493 (Ed Hernandez)

Pharmacy practice.

Establishes a new category of pharmacists referred to as advance practice pharmacists (APPs), authorizes the Board of Pharmacy to recognize APPs, and establishes functions for APPs; authorizes a pharmacist to independently initiate and administer vaccines, as specified; authorizes a pharmacist to perform additional functions including the furnishing of nicotine replacement products, as specified; and, the ordering and interpreting of tests, as specified. Chapter 469, Statutes of 2013.

SB 494 (Monning)

Health care providers.

Requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician (PCP) for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner supervised by that PCP until January 1, 2019. Defines "nonphysician medical practitioner for purposes of this bill, health insurance regulated by the California Department of Insurance and the Medi-Cal program. Chapter 684, Statutes of 2013.

SB 1039 (Ed Hernandez)

Pharmacy.

Expands the tasks a pharmacy technician is authorized to perform under the direct supervision or control of a pharmacist; establishes procedures for a pharmacy to furnish a dangerous drug or dangerous device to the emergency medical services system of a licensed general acute care hospital; and, makes technical changes in existing law to reference new provisions related to advance practice pharmacists. Chapter 319, Statutes of 2014.

SB 1299 (Padilla)

Workplace violence prevention plans: hospitals.

Requires the Division of Occupational Safety and Health at the Department of Industrial Relations, by July 1, 2016, to adopt standards that require a general acute care hospital, acute psychiatric hospital, or a special hospital, as defined, to adopt a workplace violence prevention plan as part of its injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Chapter 842, Statutes of 2014.

SB 1384 (Mitchell)

Certified nurse assistants.

Deletes the requirement that the Department of Public Health automatically deny a training and examination application and deny, suspend, or revoke a certificate if the applicant or certificate holder has been convicted of a violation or attempted violation of one or more specified crimes. Chapter 847, Statutes of 2014.

Vetoed

SB 455 (Ed Hernandez)

General acute care hospitals: nurse-to-patient ratios.

Would have required a committee for each general acute care hospital to review, at least annually, the reliability of its patient classification system and would have required at least 50% of the committee members to be registered nurses (RNs) who provide direct patient care, and that these RNs be appointed by their bargaining agent, if any. Would have required the Department of Public Health, during every periodic state inspection of a general acute care hospital, to inspect for compliance with the nurse-to-patient ratios.

Veto Message: This bill restates current law, which requires the Department of Public Health to inspect hospital compliance with nurse-to-patient ratios, and specifies that each individual hospital committee that reviews a patient classification system shall be comprised of registered nurses appointed by the bargaining agent, unless none exists.

This bill directs decisions that are best left at the local level.

XII. Health Care Research

AB 714 (Wieckowski)

Roman Reed Spinal Cord Injury Research Fund.

Would have appropriated \$1 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999.

Veto Message: While the measure strives to do only good - namely advance research and cures for spinal cord injury - appropriating yet more state General Fund dollars to the University of California for a select purpose is not the answer.

After several years of painful cuts, last January, I proposed substantial budget increases for the University of California (\$511 million over four years) with maximum flexibility for their funding, so long as they did not increase tuition. The 2013 Budget Act provided the first portion of that increased investment.

Research is a core mission of the University of California. As such, it is entirely within the university system's discretion to fund the Spinal Cord Research Program, or any other project it deems of value. For that reason, I have consistently chosen not to support special earmarks in the University of California's budget and leave it to the university - as deeply steeped in innovation and research as it is - to make funding decisions like this.

AB 926 (Bonilla)

Reproductive health and research.

Would have required women who provide human oocytes (eggs) for research to be compensated for their time, trouble, and inconvenience in the same manner as other research subjects.

Veto Message: Not everything in life is for sale nor should it be.

This bill would legalize the payment of money in exchange for a woman submitting to invasive procedures to stimulate, extract and harvest her eggs for scientific research.

The questions raised here are not simple; they touch matters that are both personal and philosophical.

In medical procedures of this kind, genuinely informed consent is difficult because the long-term risks are not adequately known. Putting thousands of dollars on the table only compounds the problem.

Six years ago the Legislature, by near unanimity, enacted the prohibition that this bill now seeks to reverse. After careful review of the materials which both supporters and opponents submitted, I do not find sufficient reason to change course.

XIII. Health Care Service Plans & Health Insurance

Chaptered

AB 2 X1 (Pan)

Health care coverage.

Establishes health insurance market reforms contained in the Patient Protection and Affordable Care Act specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions; and updates small employer health insurance laws to respond to federal regulations. Chapter 1, Statutes of 2013-14 First Extraordinary Session.

AB 219 (Perea)

Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance a health plan enrollee or insured is required to pay for orally administered anticancer medications to \$200 for an individual prescription of up to a 30-day supply. Applies this limitation to health plans and health insurance policies available in the individual and group market and sunsets this limitation on January 1, 2019. Chapter 661, Statutes of 2013.

AB 369 (Pan)

Continuity of care.

Allows a person with health coverage in the individual market whose health plan or policy was cancelled between December 1, 2013, and March 31, 2014, to request that his or her new health plan or insurance policy cover the completion of services for treatment of specified conditions, such as cancer or pregnancy, from the person's existing provider who is not a participating provider with the new health plan or policy. Chapter 4, Statutes of 2014.

AB 460 (Ammiano)

Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Chapter 644, Statutes of 2013.

AB 617 (Nazarian)

California Health Benefit Exchange: appeals.

Establishes an appeals process for eligibility determinations for insurance affordability programs (including Medi-Cal and tax credits available through the California Health Benefit Exchange (Covered California) and requires Covered California to contract with the Department of Social Services to serve as the designated entity to hear appeals. Chapter 869, Statutes of 2014.

AB 1180 (Pan)

Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.

Makes inoperative because of the federal Patient Protection and Affordable Care Act several provisions in existing state law that implement the health insurance laws of the federal Health Insurance Portability and Accountability Act of 1996 and additional provisions that provide former employees rights to convert their group health insurance coverage to individual market coverage without medical underwriting. Establishes notification requirements informing individuals affected by this bill and others of health insurance available in 2014. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 411, Statutes of 2013.

AB 1962 (Skinner)

Dental plans: medical loss ratios: reports.

Requires health plans and insurers that issue, sell, renew, or offer specialized dental plans or policies to file an annual report with appropriate state regulators that is organized by group and product type and contains the same information required to be reported by health plans and insurers under the federal Patient Protection and Affordable Care Act. Chapter 567, Statutes of 2014.

AB 2706 (Roger Hernández)

Schools: health care coverage: enrollment assistance.

Requires public schools to ensure their enrollment forms include a section that offers the parent or legal guardian of a pupil the option of being referred to an entity that can provide information regarding health care coverage options and enrollment assistance. Chapter 827, Statutes of 2014.

SB 2 X1 (Ed Hernandez)

Health care coverage.

Applies the individual insurance market reforms of the Affordable Care Act to health care service plans (health plans) regulated by the Department of Managed Health Care and updates the small group market laws for health plans to be consistent with federal regulations. Chapter 2, Statutes of 2013-14 First Extraordinary Session.

SB 20 (Ed Hernandez)

Individual health care coverage: enrollment periods.

Changes the 2015 open enrollment period for individual market health plans and insurance policies from October 15, 2014, through December 7, 2014, to November 15, 2014, through February 15, 2015. Chapter 24, Statutes of 2014.

SB 126 (Steinberg)

Health care coverage: pervasive developmental disorder or autism.

Extends requirements on health plans and insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism to July 1, 2019. Chapter 680, Statutes of 2013.

SB 138 (Ed Hernandez)

Confidentiality of medical information.

Requires health care service plans and health insurers to take specified steps to protect the confidentiality of an insured individual's medical information for purposes of sensitive services or if disclosure will endanger an individual, as specified. Chapter 444, Statutes of 2013.

SB 161 (Ed Hernandez)

Stop-loss insurance coverage.

Establishes regulatory requirements for stop-loss insurance for small employers, including on or after January 1, 2016, setting an individual attachment point of \$40,000 or greater and an aggregate attachment point of the greater of \$5,000 times the total number of group members, 120% of expected claims, or \$40,000. Exempts small employer stop-loss insurance issued prior to September 1, 2013, from these attachment point requirements. Chapter 443, Statutes of 2013.

SB 332 (Emmerson and DeSaulnier)

California Health Benefit Exchange: records.

Eliminates an exemption from the California Public Records Act (PRA) for contracts entered into by the California Health Benefit Exchange (Exchange, also known as Covered California); and instead requires contracts between health plans or insurers and Covered California to be open to inspection one year after the effective date and payment rates to be open three years after a contract or amendment is open to inspection. Also deletes a provision which exempts impressions, opinions, strategy, training, and other Covered California business from the PRA. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 446, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

SB 494 (Monning)

Health care providers.

Requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician (PCP) for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner supervised by that PCP until January 1, 2019. Defines "nonphysician medical practitioner for purposes of this bill, health insurance regulated by the California Department of Insurance and the Medi-Cal program. Chapter 684, Statutes of 2013.

SB 639 (Ed Hernandez)

Health care coverage.

Places in California law provisions of the Patient Protection and Affordable Care Act relating to out-of-pocket limits on health plan enrollee and insured cost-sharing, health plan and insurer actuarial value coverage levels and catastrophic coverage requirements, and requirements on health insurers with regard to coverage for out-of-network emergency services. Applies health plan enrollee and insured out-of-pocket limits to specialized products that offer essential health benefits. Allows carriers in the small group market to establish an index rate no more frequently than each calendar quarter. Chapter 316, Statutes of 2013.

SB 959 (Ed Hernandez)

Health care coverage.

Requires health plans and insurers to deliver notice of rate changes at least 15 days in advance of the annual open enrollment period and makes numerous additional changes to current law related to health plans and insurers. Chapter 572, Statutes of 2014.

SB 964 (Ed Hernandez)

Health care coverage.

Increases oversight of health care service plans (health plans) with respect to compliance with timely access and provider network adequacy standards. Requires a health plan to annually report specified network adequacy data, including separate Medi-Cal managed care (MCMC) and individual market product line data, to the Department of Managed Health Care (DMHC), and requires DMHC to review health plan compliance with timely access standards on an annual basis. Requires the Department of Health Care Services (DHCS) to share with DMHC monthly provider files submitted by MCMC plans, and its findings from MCMC plan audits. Requires DHCS to publicly report the findings of finalized MCMC plan audits. Chapter 573, Statutes of 2014.

SB 1034 (Monning)

Health care coverage: waiting periods.

Prohibits health plans and health insurance policies in the group market from imposing a waiting or affiliation period. States legislative intent to: a) prohibit a group health plan or insurer from imposing a separate waiting or affiliation period in addition to any employer-imposed waiting period; and b) permit a group health plan or insurer to administer a waiting period imposed by a plan sponsor, as specified. Chapter 195, Statutes of 2014.

SB 1052 (Torres)

Health care coverage.

Requires health plans and insurers to use a standard drug formulary template to display their drug formularies and to post their formularies on their Web sites. Requires the California Health Benefit Exchange to provide links to the formularies. Chapter 575, Statutes of 2014.

SB 1053 (Mitchell)

Health care coverage: contraceptives.

Requires, effective January 1, 2016, most health plans and insurers to cover a variety of Food and Drug Administration-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. Prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization management procedures if a therapeutic equivalent drug or device is offered by the plan with no cost sharing. Chapter 576, Statutes of 2014.

SB 1182 (Leno)

Health care coverage: claims data.

Requires health plans and insurers to share specified data with purchasers that have 1,000 or more enrollees or that are multiemployer trusts. Chapter 577, Statutes of 2014.

SB 1276 (Ed Hernandez)

Health care: fair billing policies.

Defines a “reasonable payment plan” for purposes of hospital and emergency physician charity care programs, as monthly payments that do not exceed 10% of a patient's income after deducting essential living expenses, and expands eligibility for the hospital charity care and discount payment programs to patients with insurance, when the out-of-pocket expenses exceed 10% of the patient's income. Chapter 758, Statutes of 2014.

SB 1315 (Monning)

Medi-Cal: providers.

Requires a notice of temporary suspension issued to a health care provider by the Department of Health Care Services to include a list of discrepancies required to be remediated and the timeframe by which a provider can demonstrate that the identified discrepancies have been remediated. Chapter 844, Statutes of 2014.

SB 1340 (Ed Hernandez)

Health care coverage: provider contracts.

Expands provisions prohibiting gag clauses in contracts between health plans or insurers and providers. Chapter 83, Statutes of 2014.

SB 1446 (DeSaulnier)

Health care coverage: small employer market.

Allows small employer health plan contracts and insurance policies that do not comply with specified reforms under the federal Patient Protection and Affordable Care Act to be renewed and continue to be in force through 2015. Chapter 84, Statutes of 2014.

Vetoed

AB 912 (Quirk-Silva)

Health care coverage: fertility preservation.

Mandates that every large group health care service plan contract and health insurance policy that is issued, amended, or renewed, on and after January 1, 2014, provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Veto Message: The bill requires health plans and insurers to cover fertility preservation services when a medical treatment may cause infertility. This requirement would apply only to health coverage purchased by large employers.

Large group employers already have the ability to negotiate richer benefit packages that meet the needs of their employees. While I understand the desire to preserve fertility where possible, such coverage was not included in the essential health benefits that the Legislature passed just last year for individual and small group coverage.

Coverage that goes beyond the essential health benefits is no doubt useful and desirable for many, but we should not consider mandating additional benefits until we implement the comprehensive package of reforms that are required by the federal Affordable Care Act.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 2088 (Roger Hernández)

Health insurance: minimum value: large group market policies.

Would have required health plans and insurers that sell products in the large group market that provide a minimum value of less than 60%, as defined under federal law, to require that individuals to be covered by the product have comprehensive health coverage. Would have required plans that offer products with a minimum value of less than 60% to file a specified certification with state regulators and to disclose to potential purchasers that the product is a supplement to health insurance and is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

Veto Message: This bill seeks to prevent substandard health care coverage from being sold in the employer market by setting a minimum threshold for value.

While well-intentioned, to the extent this bill would outlaw any "grandfathered plans" – those products that have been continuously sold to an employer prior to the passage of the Affordable Care Act – it may violate federal law.

AB 2418 (Bonilla and Skinner)

Health care coverage: prescription drugs: refills.

Would have required health plan contracts and health insurance policies to allow for the synchronization of prescription refills, and permit refill of topical ophthalmic medications at 70% of the predicted days of use, effective January 1, 2016.

Veto Message: The bill would require health plans and insurers to apply a prorated daily cost-sharing rate to the refills of certain medications if the prescriber or pharmacist indicates it is in the best interest of the patient and it is for the purpose of synchronizing refill dates for the patient's medications. The bill also allows for early refills of covered eye products.

While I understand the importance of encouraging people to take their prescribed medications, the bill lacks explicit patient consent before changes are made to refills; nor does the bill speak to the supportive elements that have made synchronization programs anecdotally successful.

Medication adherence is complicated. Solutions to this problem will likely require a more holistic approach and collaboration between doctors, patients, pharmacists and health plans.

SB 746 (Leno)

Health care coverage: premium rates.

Would have established new data reporting requirements on health plans and health insurers sold in the large group market and new specific data reporting requirements related to annual medical trend factors by service category, as well as claims data or deidentified patient-level data, as specified, for a health care service plan (health plan) or health insurer that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the health plan (referring to Kaiser Permanente).

Veto Message: This bill would require all health plans and insurers to disclose every year broad data relating to services used by large employer groups, including aggregate rate increases by benefit category. The bill also requires that one health plan additionally provide anonymous claims data or patient level data upon request and without charge to large purchasers.

I support efforts to make health care costs more transparent, and my administration is moving forward to establish transparency programs that will cover all health plans and systems.

I urge all parties to work together in this effort. If these voluntary efforts fail, I will seriously consider stronger actions.

SB 1046 (Beall)

Insurance: mental illness: developmental disabilities: coverage: penalties.

Would have created administrative penalties up to \$2,500 per day for health insurers regulated by the California Department of Insurance that violate current law related to mental health parity.

Veto Message: This bill would give the Insurance Commissioner additional authority to penalize health insurers up to \$2,500 per person, per day, for each violation of the Mental Health Parity Act, in addition to any other penalties or remedies allowed by law.

The Insurance Commissioner already has broad penalty authority under the Unfair Insurances Practices Act. The scope of this existing authority is currently at issue in the courts. Until this matter is resolved, it would be premature to conclude what changes, if any, should be made to the Commissioner's broad statutory powers.

XIV. Health Disparities

Chaptered

AB 505 (Nazarian)

Medi-Cal: managed care: language assistance services.

Requires the Department of Health Care Services (DHCS) to require all Medi-Cal managed care plans contracting with DHCS to provide language assistance services to limited-English-proficient Medi-Cal beneficiaries who are mandatorily enrolled in managed care by requiring interpretation services to be provided in any language on a 24-hour basis at all key points of service, and requiring translation services to be provided to the language groups identified by DHCS meeting specified numeric thresholds. Chapter 788, Statutes of 2014.

AB 565 (Salas)

California Physician Corps Program.

Revises the definition of a practice setting for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) to include a physician owned and operated medical practice setting that provides primary care located in a medically underserved area (MUA), as specified. Revises the criteria of the STLRP to require that an applicant have three years providing health care services to medically underserved populations (MUPs) or in a MUA and to give priority consideration to applicants from rural communities who agree to practice in a physician owned and operated practice setting, as specified. Deletes the STLRP guideline that seeks to place the most qualified applicants in the areas with the greatest need and replaces it with the requirement that the STLRP gives preference to applicants who agree to practice in a federally designated health professional shortage area or MUA and who agree to serve a MUP. Chapter 378, Statutes of 2013.

AB 1733 (Quirk-Silva, et al)

Public records: fee waiver.

Requires the Department of Motor Vehicles to issue, without a fee, an identification card to any individual who can verify his or her status as homeless. Chapter 764, Statutes of 2014.

ACR 1 (Medina)

University of California: UC Riverside School of Medicine.

Declares that the UC Riverside School of Medicine serves an important role in training a diverse workforce of physicians and providing healthcare to the underserved communities of the Inland Empire region of California. Resolution Chapter 54, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

Vetoed

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 1263 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have established the Medi-Cal Patient Centered Communication program (CommuniCal), at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient Medi-Cal enrollees. Would have established a certification process and registry of CommuniCal medical interpreters at DHCS and would have granted collective bargaining rights with the state.

Veto Message: The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.

AB 2325 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have required the California Department of Health Care Services (DHCS) to establish the Medi-Cal Patient-Centered Communication Program, called CommuniCal, to provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient. Would have established a certification process and registry of CommuniCal interpreters at DHCS and grants CommuniCal interpreters collective bargaining rights with the state.

Veto Message: Assembly Bill 2325 would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal, and afford certified interpreters collective bargaining rights.

Last year, I vetoed these same provisions because California had embarked on an unprecedented expansion of our Medi-Cal program and I did not believe it wise to introduce more complexity given the many unknowns the state was facing. Since then, our challenges have neither diminished in number or difficulty. We are still in the throes of managing new enrollments, new renewals and expanding provider networks.

In reconsidering this measure, however, it appears that this bill contains more liabilities than were previously known. The provisions governing collective bargaining go above and beyond what public employees enjoy and potentially create new scopes of representation and litigation.

To the extent that interpretation services under Medi-Cal are insufficient, we should work together on appropriate cost-effective initiatives to help patients in need. I'm weary at this time of adding significant new costs to the Medi-Cal program when already in the last two years Medi-Cal General Fund spending has grown almost \$2.5 billion.

XV. Health Information Technology: Telemedicine

Chaptered

AB 809 (Logue)

Healing arts: telehealth.

Deletes a requirement that informed consent for telehealth must be made by a provider at the originating site where the patient is located, allows written consent to be provided, rather than requiring consent to be verbal, and clarifies that current telehealth law does not preclude a patient from receiving in-person health care delivery services after agreeing to receive services via telehealth. Chapter 404, Statutes of 2014.

SB 972 (Torres)

California Health Benefit Exchange: board: membership.

Adds new areas of expertise that qualify a potential member to serve on the California Health Benefit Exchange Board. These areas of expertise include: 1) marketing of health insurance products; 2) information technology system management; 3) management information systems; and 4) enrollment counseling assistance, with priority to cultural and linguistic competency. Chapter 172, Statutes of 2014.

Vetoed

AB 1231 (V. Manuel Pérez)

Regional centers: telehealth.

Would have required the Department of Developmental Services to inform regional centers that any appropriate health care service and dentistry may be provided through telehealth and made other changes to promote the use of telehealth in the regional center system.

Veto Message: This bill would require the Department of Developmental Services to inform regional centers that any appropriate health care service, including dentistry, may be provided through telehealth. The bill would additionally require the department to ask regional centers to consider using telehealth in their parent training programs and provide technical assistance on telehealth.

Everything required by this bill either can be done, or is already being done, under existing law.

SB 204 (Corbett)

Prescription drugs: labeling.

Would have required the Board of Pharmacy (BOP) to survey pharmacists and electronic health record vendors to determine utilization of standardized prescription directions for use adopted pursuant to BOP regulations.

Veto Message: SB 204 would require the Board of Pharmacy to conduct a survey on pharmacists' compliance with using standardized directions on prescription labels, as required by law. The bill would also require a second survey of electronic health record vendors to determine whether vendors' include these standardized directions in their products. I am returning this bill without my signature, because the Board currently does not have the resources to conduct these surveys.

XVI. HIV/AIDS

Chaptered

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

AB 1898 (Brown)

Public health records: reporting: HIV/AIDS.

Adds hepatitis B, hepatitis C, and meningococcal infection to the list of diseases that local health officer reports to the Department of Public Health for the purpose of the investigation, control, or surveillance of human immunodeficiency virus/acquired immune deficiency syndrome and co-infection. Chapter 566, Statutes of 2014.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

XVII. Infectious Diseases

Chaptered

AB 1667 (Williams)

Tuberculosis testing in schools.

Replaces current mandatory tuberculosis (TB) testing for school employees and volunteers with a TB risk assessment administered by a health care provider. Chapter 329, Statutes of 2014.

AB 1743 (Ting)

Hypodermic needles and syringes.

Deletes the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extends, until January 1, 2021, the statewide authorization for pharmacists to sell syringes without a prescription, as specified. Chapter 331, Statutes of 2014.

AB 1898 (Brown)

Public health records: reporting: HIV/AIDS.

Adds hepatitis B, hepatitis C, and meningococcal infection to the list of diseases that local health officer reports to the Department of Public Health for the purpose of the investigation, control, or surveillance of human immunodeficiency virus/acquired immune deficiency syndrome and co-infection. Chapter 566, Statutes of 2014.

AB 2069 (Maienschein)

Immunizations: influenza.

Requires the State Department of Public Health to post educational information regarding influenza vaccinations on its Internet Web site. Chapter 357, Statutes of 2014.

XVIII. Informed Consent

Chaptered

AB 58 (Wieckowski)

Medical experiments: human subjects.

Makes permanent an exemption in current law that allows, until January 1, 2014, patients in life-threatening emergencies to receive medical experimental treatment without informed consent if specified conditions are met in accordance with federal law. Chapter 547, Statutes of 2013.

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

AB 809 (Logue)

Healing arts: telehealth.

Deletes a requirement that informed consent for telehealth must be made by a provider at the originating site where the patient is located, allows written consent to be provided, rather than requiring consent to be verbal, and clarifies that current telehealth law does not preclude a patient from receiving in-person health care delivery services after agreeing to receive services via telehealth. Chapter 404, Statutes of 2014.

AB 2139 (Eggman)

End-of-life care: patient notification.

Requires a health care provider, when making a diagnosis that a patient has a terminal illness, to notify the patient of his or her right to comprehensive information and counseling regarding legal end-of-life options. Extends the right to request information to a person authorized to make health care decisions for the patient and specifies that the information may be provided at the time of diagnosis or at a subsequent visit with the health care provider. Chapter 568, Statutes of 2014.

XIX. Laboratory

Chaptered

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

AB 1124 (Muratsuchi)

Medi-Cal: reimbursement rates.

Extends the exemption for laboratory providers from complying with the existing Medi-Cal comparable price regulation until July 1, 2015. Chapter 8, Statutes of 2014.

AB 1215 (Hagman and Holden)

Clinical laboratories.

Expands the definition of laboratory director for purposes of a clinical laboratory test or examination classified as waived to include a licensed clinical laboratory scientist (CLS) and limited CLS. Authorizes a person licensed as a CLS, as specified, and qualified under the federal Clinical Laboratory Improvement Amendments to additionally perform the duties and responsibilities of a waived clinical laboratory director, as specified. Chapter 199, Statutes of 2013.

AB 2425 (Quirk)

Laboratories: review committee.

Provides for a temporary exemption from complying with an existing regulation governing forensic alcohol analysis tests for accredited law enforcement laboratories and provides the exemption only until the Department of Public Health updates their existing regulations. Chapter 570, Statutes of 2014.

XX. Long-Term Care

Chaptered

AB 620 (Buchanan)

Health and care facilities: missing patients and participants.

Requires intermediate care facilities, nursing facilities, congregate living facilities, and adult day centers to develop and comply with a patient or resident absentee notification plan for the purpose of addressing issues that arise when a resident is missing from the facility. Chapter 674, Statutes of 2013.

AB 776 (Yamada)

Medi-Cal.

Defines stakeholder for purposes of the Medi-Cal Coordinated Care Initiative and Long Term Services and Support Integration (LTSS) Demonstration Project as including, but not limited to, area agencies on aging (AAA) and independent living centers (ILCs). Adds AAAs and ILCs to the stakeholder group currently required to be established by June 1, 2013, to develop a uniform assessment tool for In-Home Support Services and other Home and Community Based Services. Adds AAAs and ILCs to the list of stakeholders that are to be notified and consulted by the Department of Health Care Services and the Department of Social Services prior to taking action by means of the all-county letters, plan or provider bulletins, or similar instructions in lieu of taking regulatory action when implementing the LTSS Demonstration Project. Chapter 298, Statutes of 2013.

SB 534 (Ed Hernandez)

Health and care facilities.

Requires, until the California Departments of Public Health (DPH) and Developmental Services adopt regulations for licensure for Intermediate Care Facilities for the Developmentally Disabled - Nursing, these facilities comply with applicable federal certification standards. Requires chronic dialysis clinics, surgical clinics, and rehabilitation clinics to comply with federal certification standards until DPH has adopted regulations for those facilities. Creates a specific exemption to current law, which requires congregate living health facilities (CLHFs) to be freestanding, that allows for multiple CLHFs to exist in one multifloor building if certain requirements are met. Chapter 722, Statutes of 2013.

SB 816 (Committee on Health)

Hospice facilities: developmental disabilities: intellectual disability.

Makes the State Fire Marshal, rather than the Office of Statewide Health Planning and Development, responsible for the development of building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities. Chapter 289, Statutes of 2013.

XXI. Maternal and Child Health

Chaptered

AB 154 (Atkins)

Abortion.

Authorizes a nurse practitioner, certified nurse midwife, and physician assistant to perform abortion by medication or aspiration techniques in the first trimester of pregnancy upon completion of training, as specified. Chapter 662, Statutes of 2013.

AB 357 (Pan)

Medi-Cal Children's Health Advisory Panel.

Renames the Healthy Families Advisory Board to the Children's Health Advisory Board and transfers the panel's advisory and reporting capacity from Managed Risk Medical Insurance Board to the Director of the Department of Health Care Services on matters relevant to all children enrolled in Medi-Cal and their families, as specified. Chapter 376, Statutes of 2014.

AB 460 (Ammiano)

Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Chapter 644, Statutes of 2013.

AB 1559 (Pan)

Newborn screening program.

Requires the Department of Public Health to expand statewide screening of newborns to include screening for adrenoleukodystrophy as soon as the addition is approved by the federal Recommended Uniform Screening Panel. Chapter 565, Statutes of 2014.

AB 1840 (Campos)

Pupil health: vision appraisal.

Authorizes a child's vision to be appraised by using an eye chart or any scientifically validated photoscreening test and requires photoscreening tests to be performed, under an agreement with, or the supervision of an optometrist or ophthalmologist, by the school nurse or by a trained individual who meets specified requirements as determined by the California Department of Education. Chapter 803, Statutes of 2014.

ACR 148 (Lowenthal)

Task Force on the Status of Maternal Mental Health Care.

Requests that the California Maternal Mental Health Collaborative establish a task force on the status of maternal mental health care in order to further the objectives of identifying and treating maternal mental health disorders. Res. Chapter 96, Statutes of 2014.

ACR 155 (Bocanegra)

Childhood brain development: adverse experiences: toxic stress.

Makes legislative findings and declarations related to adverse experiences and toxic stress and urges the Governor to identify evidence-based solutions to reduce children's exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventive health care, mental health and, wellness interventions. Res. Chapter 144, Statutes of 2014.

SB 402 (De León)

Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. Chapter 666, Statutes of 2013.

SB 460 (Pavley)

Prenatal testing program: education.

Requires the Department of Public Health (DPH) to include information regarding environmental health in the California Prenatal Screening Program patient educational information and to post that information on DPH's Internet Web site. Chapter 667, Statutes of 2013.

SB 1135 (Jackson)

Inmates: sterilization.

Prohibits sterilization for the purpose of birth control, including, but not limited to, during labor and delivery, of an individual under control of the Department of Corrections and Rehabilitation, a reentry facility, community correctional facility, or county jail, or any other institution in which an individual is involuntarily confined or detained under a civil or criminal statute. Chapter 558, Statutes of 2014.

SB 1457 (Evans)

Medical care: electronic treatment authorization requests.

Requires requests for authorization of treatment or services in the Medi-Cal, California Children's Services, and Genetically Handicapped Person's Program to be submitted in an electronic format. Chapter 849, Statutes of 2014.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

AB 912 (Quirk-Silva)

Health care coverage: fertility preservation.

Mandates that every large group health care service plan contract and health insurance policy that is issued, amended, or renewed, on and after January 1, 2014, provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Veto Message: The bill requires health plans and insurers to cover fertility preservation services when a medical treatment may cause infertility. This requirement would apply only to health coverage purchased by large employers.

Large group employers already have the ability to negotiate richer benefit packages that meet the needs of their employees. While I understand the desire to preserve fertility where possible, such coverage was not included in the essential health benefits that the Legislature passed just last year for individual and small group coverage.

Coverage that goes beyond the essential health benefits is no doubt useful and desirable for many, but we should not consider mandating additional benefits until we implement the comprehensive package of reforms that are required by the federal Affordable Care Act.

XXII. Medical Records: Confidentiality

Chaptered

AB 1755 (Gomez)

Medical information.

Revises provisions of law requiring licensed health facilities to prevent disclosure of patients' medical information by extending the deadline for health facilities to report unauthorized disclosures from five to 15 business days after unlawful or unauthorized access, use, or disclosure has been detected. This bill also authorizes the report made to the patient or the patient's representative to be made by alternative means, including email, as specified by the patient. This bill also extends the deadline when reporting is delayed for law enforcement purposes, as specified, from five to 15 days business days after the end of the delay. This bill gives the Department of Public Health full discretion to consider all factors when determining whether to conduct investigations under these provisions. Chapter 412, Statutes of 2014.

AB 1812 (Pan)

Health facilities: information: disclosure.

Authorizes the Office of Statewide Health Planning and Development to release confidential hospital patient-level data to the United States Department of Health and Human Services and its subsidiary agencies and to the Veterans Health Care Administration, under specific data use agreements. Chapter 265, Statutes of 2014.

AB 1898 (Brown)

Public health records: reporting: HIV/AIDS.

Adds hepatitis B, hepatitis C, and meningococcal infection to the list of diseases that local health officer reports to the Department of Public Health for the purpose of the investigation, control, or surveillance of human immunodeficiency virus/acquired immune deficiency syndrome and co-infection. Chapter 566, Statutes of 2014.

SB 138 (Ed Hernandez)

Confidentiality of medical information.

Requires health care service plans and health insurers to take specified steps to protect the confidentiality of an insured individual's medical information for purposes of sensitive services or if disclosure will endanger an individual, as specified. Chapter 444, Statutes of 2013.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

SB 509 (DeSaulnier and Emmerson)

California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange, known as Covered California, to require fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, as required by federal law or guidance, for the purposes of obtaining information of the existence and content of a record of state or federal criminal history or the existence and content of pending state or federal arrests, as specified. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 10, Statutes of 2013.

SB 973 (Ed Hernandez)

Narcotic treatment programs.

Allows individuals to be admitted into a narcotic treatment program (NTP) when deemed necessary by a medical director, requires NTPs to maintain an individual record of each patient, and allows a medical director to determine whether or not to dilute take-home doses of controlled substances, as specified. Chapter 484, Statutes of 2014.

XXIII. Mental Health

Chaptered

AB 753 (Lowenthal)

Cognitively impaired adults: caregiver resource centers.

Repeals and recasts existing law governing caregiver resource centers to reflect the transfer of their oversight from the former Department of Mental Health to the Department of Health Care Services. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 708, Statutes of 2013.

AB 1054 (Chesbro)

Mental health: skilled nursing facility: reimbursement rate.

Replaces a current requirement for counties to provide a 4.7% annual increase to the reimbursement rates of institutions for mental disease licensed as skilled nursing facilities with a requirement for a 3.5% annual increase. Chapter 303, Statutes of 2013.

AB 1340 (Achadjian)

Enhanced treatment programs.

Permits the Department of State Hospitals to establish and administer a pilot enhanced treatment program (ETP) at each state hospital, for the duration of five calendar years, for testing the effectiveness of treatment for patients who are at high risk of the most dangerous behavior. Authorizes ETPs to be licensed under the same requirements as acute psychiatric hospital licensing requirements, and makes significant changes to current requirements and procedures related to the admission of patients and the administration of care. Chapter 718, Statutes of 2014.

AB 1790 (Dickinson)

Foster children: mental health services.

Requires the Department of Social Services to convene a stakeholder group, as specified, to identify barriers to mental health services by mental health professionals with specified training. Requires the stakeholder group, on or before January 31st, 2016, to make specific, non-binding recommendations to specified groups to address the identified barriers. Chapter 766, Statutes of 2014.

AB 2679 (Logue and Nestande)

County mental health services: baseline reports.

Requires the Department of Health Care Services to develop a baseline report of system quality and access to services in each county's mental health plan. Chapter 476, Statutes of 2014.

ACR 155 (Bocanegra)

Childhood brain development: adverse experiences: toxic stress.

Makes legislative findings and declarations related to adverse experiences and toxic stress and urges the Governor to identify evidence-based solutions to reduce children’s exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventive health care, mental health and, wellness interventions. Res. Chapter 144, Statutes of 2014.

SB 126 (Steinberg)

Health care coverage: pervasive developmental disorder or autism.

Extends requirements on health plans and insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism to July 1, 2019. Chapter 680, Statutes of 2013.

SB 364 (Steinberg)

Mental health.

Revises the law related to 72-hour involuntary detention for mental health evaluation and treatment (referred to as 5150 in reference to Welfare and Institutions Code Section 5150) by adding to the types of facilities that a county is allowed to designate to provide services and allowing county mental health directors to develop procedures for the designation and training of professionals who can perform 5150 functions. Chapter 567, Statutes of 2013.

SB 585 (Steinberg and Correa)

Mental health: Mental Health Services Fund.

Clarifies that Mental Health Services Act funds and various County Realignment accounts may be used to provide mental health services under the Assisted Outpatient Treatment Demonstration Project Act of 2002, or Laura’s Law, and allows counties to opt to implement Laura’s Law through the county budget process. Chapter 288, Statutes of 2013.

SB 651 (Pavley and Leno)

Developmental centers and state hospitals.

Establishes requirements for sexual assault examinations of residents in state hospitals and developmental centers, and establishes a new penalty for failure of developmental centers to report specified incidents to local law enforcement. Chapter 724, Statutes of 2013.

Vetoed

AB 174 (Bonta)

Public school health centers.

Would have required the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding was made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma.

Veto Message: Assembly Bill 174 aims to establish a pilot program in Alameda County, using non-state funds to provide school-based mental health services for students impacted by trauma.

I support the efforts of the bill but am returning it without my signature, as Alameda County can establish such a program without state intervention and may even be able to use Mental Health Services Act funding to do so.

Waiting for the state to act may cause unnecessary delays in delivering valuable mental health services to students. Counties should explore all potential funding options, including Mental Health Services Act funds, to tailor programs that best meet local needs.

AB 1231 (V. Manuel Pérez)

Regional centers: telehealth.

Would have required the Department of Developmental Services to inform regional centers that any appropriate health care service and dentistry may be provided through telehealth and made other changes to promote the use of telehealth in the regional center system.

Veto Message: This bill would require the Department of Developmental Services to inform regional centers that any appropriate health care service, including dentistry, may be provided through telehealth. The bill would additionally require the department to ask regional centers to consider using telehealth in their parent training programs and provide technical assistance on telehealth.

Everything required by this bill either can be done, or is already being done, under existing law.

SB 1046 (Beall)

Insurance: mental illness: developmental disabilities: coverage: penalties.

Would have created administrative penalties up to \$2,500 per day for health insurers regulated by the California Department of Insurance that violate current law related to mental health parity.

Veto Message: This bill would give the Insurance Commissioner additional authority to penalize health insurers up to \$2,500 per person, per day, for each violation of the Mental Health Parity Act, in addition to any other penalties or remedies allowed by law.

The Insurance Commissioner already has broad penalty authority under the Unfair Insurances Practices Act. The scope of this existing authority is currently at issue in the courts. Until this matter is resolved, it would be premature to conclude what changes, if any, should be made to the Commissioner's broad statutory powers.

XXIV. Organs, Blood and Tissue

Chaptered

AB 1297 (John A. Pérez)

Coroners: organ donation.

Facilitates the sharing of information between coroners and organ procurement organizations regarding cases in which an anatomical gift may be available from a person whose demise is imminent and that person's body will be subject to a death investigation by the coroner post mortem. Chapter 341, Statutes of 2013.

Vetoed

AB 1822 (Bonta)

Tissue banks.

Would have allowed certain healthcare providers to store unused tissue without being licensed as a tissue bank, provided they maintain the tissue in accordance with the manufacturers' instructions and the tissue is regulated by the federal Food and Drug Administration.

Veto Message: The bill would exempt hospitals, ambulatory surgical centers and other outpatient settings from having to obtain licensure as a tissue bank if the human tissue or cell-based product they receive and store meets specified requirements.

Currently, because hospitals and other outpatient facilities do not want to become licensed tissue banks, they pay expensive courier fees to transport unused products back to tissue banks -- a cost they pass on to the tissue banks themselves. While I support eliminating overly burdensome regulation, I'm not convinced that the bill strikes the right balance between safety and economy.

I will direct the Department of Public Health to continue working with interested parties to develop an approach that balances appropriate oversight with cost savings for suppliers.

XXV. Patient Centered Medical Home

Chaptered

AB 361 (Mitchell)

Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Authorizes the Department of Health Care Services (DHCS) to submit State Plan Amendments or Section 1115 waiver amendment to the federal Centers for Medicare and Medicaid Services for approval to implement a health home program for adults, children, or both, with chronic conditions pursuant to the federal Patient Protection and Affordable Care Act. Requires DHCS, if it creates a health home program, to determine if a SPA that targets adults that meet specified criteria is operationally viable. Chapter 642, Statutes of 2013.

ACR 152 (Pan)

Patient centered medical homes.

States that the Legislature supports and encourages the development and expansion of a California health care delivery system that identifies patient centered medical homes and is based upon certain principles of coordination of patient care. Res. Chapter 143, Statutes of 2014.

XXVI. Prescription Drugs

Chaptered

AB 219 (Perea)

Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance a health plan enrollee or insured is required to pay for orally administered anticancer medications to \$200 for an individual prescription of up to a 30-day supply. Applies this limitation to health plans and health insurance policies available in the individual and group market and sunsets this limitation on January 1, 2019. Chapter 661, Statutes of 2013.

AB 1136 (Levine)

Pharmacists: drug disclosures.

Requires a pharmacist, on and after January 1, 2014, if a pharmacist exercising his or her professional judgment determines that a drug may impair a person's ability to operate a vehicle or vessel, to include a written label on the drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel. Permits the label to be printed on an auxiliary label that is affixed to the prescription container. Makes other technical and clarifying changes. Chapter 304, Statutes of 2013.

AB 1727 (Rodriguez)

Prescription drugs: collection and distribution program.

Allows donations to a county voluntary drug repository and distribution program of some prescription drugs under a federal Food and Drug Administration Risk Evaluation and Mitigation Strategies (REMS). This bill would allow drugs to be donated if not prohibited by the REMS and if the drug is dispensed in accordance with the REMS. Chapter 155, Statutes of 2014.

AB 1743 (Ting)

Hypodermic needles and syringes.

Deletes the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extends, until January 1, 2021, the statewide authorization for pharmacists to sell syringes without a prescription, as specified. Chapter 331, Statutes of 2014.

SB 294 (Emmerson)

Sterile drug products.

Repeals and recasts existing law relating to the licensure of a pharmacy that compounds sterile drug products by the Board of Pharmacy, and expands the types of sterile compounded drugs for which a license is required; deletes an existing licensure exemption for certain types of pharmacies; and, requires inspection of and imposes additional requirements for in-state and nonresident sterile compounding pharmacies. Chapter 565, Statutes of 2013.

SB 1039 (Ed Hernandez)

Pharmacy.

Expands the tasks a pharmacy technician is authorized to perform under the direct supervision or control of a pharmacist; establishes procedures for a pharmacy to furnish a dangerous drug or dangerous device to the emergency medical services system of a licensed general acute care hospital; and, makes technical changes in existing law to reference new provisions related to advance practice pharmacists. Chapter 319, Statutes of 2014.

SB 1052 (Torres)

Health care coverage.

Requires health plans and insurers to use a standard drug formulary template to display their drug formularies and to post their formularies on their Web sites. Requires the California Health Benefit Exchange to provide links to the formularies. Chapter 575, Statutes of 2014.

SB 1311 (Hill)

Hospitals: antimicrobial stewardship.

Requires all general acute-care hospitals to adopt and implement an antimicrobial stewardship policy that includes a process to evaluate the judicious use of antibiotics. Chapter 843, Statutes of 2014.

SB 1438 (Pavley)

Controlled substances: opioid antagonists.

Adds peace officers to those allowed to administer an opioid antagonist to a person at risk of an opioid-related overdose. Requires the Emergency Medical Services Authority to develop and adopt training and standards for all prehospital emergency care personnel regarding the use and administration of naloxone hydrochloride and other opioid antagonists and to include the administration of naloxone in the training and scope of practice, consistent with current law, for emergency medical technician I certification. Requires the Attorney General to authorize hospitals and trauma centers to share data on controlled substance overdose trends with local law enforcement agencies and local emergency medical services agencies, as specified. Chapter 491, Statutes of 2014.

Vetoed

AB 2418 (Bonilla and Skinner)

Health care coverage: prescription drugs: refills.

Would have required health plan contracts and health insurance policies to allow for the synchronization of prescription refills, and permit refill of topical ophthalmic medications at 70% of the predicted days of use, effective January 1, 2016.

Veto Message: The bill would require health plans and insurers to apply a prorated daily cost-sharing rate to the refills of certain medications if the prescriber or pharmacist indicates it is in the best interest of the patient and it is for the purpose of synchronizing refill dates for the patient's medications. The bill also allows for early refills of covered eye products.

While I understand the importance of encouraging people to take their prescribed medications, the bill lacks explicit patient consent before changes are made to refills; nor does the bill speak to the supportive elements that have made synchronization programs anecdotally successful.

Medication adherence is complicated. Solutions to this problem will likely require a more holistic approach and collaboration between doctors, patients, pharmacists and health plans.

SB 204 (Corbett)

Prescription drugs: labeling.

Would have required the Board of Pharmacy (BOP) to survey pharmacists and electronic health record vendors to determine utilization of standardized prescription directions for use adopted pursuant to BOP regulations.

Veto Message: SB 204 would require the Board of Pharmacy to conduct a survey on pharmacists' compliance with using standardized directions on prescription labels, as required by law. The bill would also require a second survey of electronic health record vendors to determine whether vendors' include these standardized directions in their products.

I am returning this bill without my signature, because the Board currently does not have the resources to conduct these surveys.

SB 205 (Corbett)

Prescription drugs: labeling.

Would have deleted and recast existing law on labeling requirements for prescription containers; and, required, beginning January 1, 2016, the following information currently required to be included on the label of a prescription container, to be printed in 12-point sans serif typeface: 1) the manufacturer's trade or generic name of the drug and the name of the manufacturer, as specified; 2) directions for the use of the drug; 3) name of the patient or patients; 4) strength of the drug or drugs dispensed; and, 5) the condition or purpose for which the drug was prescribed if the condition or purpose was indicated on the prescription. Would have made other technical and clarifying changes.

Veto Message: The bill would require certain parts of a prescription drug's label to be printed in at least 12-point typeface.

The Board of Pharmacy is required to provide an update of its 2010 labeling guidelines to the Legislature next month. I prefer to wait for their findings before mandating such a change.

SB 598 (Hill)

Biosimilars.

Would have authorized a pharmacist filling a prescription order for a prescribed biological product to substitute a biosimilar only if certain conditions are met, including notifying the prescriber within five business days of the selection.

Veto Message: Senate Bill 598 would effect two changes to our state's pharmacy law. First, it would allow interchangeable "biosimilar" drugs to be substituted for biologic drugs, once these interchangeable drugs are approved by the federal Food and Drug Administration (FDA). This is a policy I strongly support.

Second, it requires pharmacists to send notifications back to prescribers about which drug was dispensed. This requirement, which on its face looks reasonable, is for some reason highly controversial. Doctors with whom I have spoken would welcome this information. CalPERS and other large purchasers warn that the requirement itself would cast doubt on the safety and desirability of more cost-effective alternatives to biologics.

The FDA, which has jurisdiction for approving all drugs, has not yet determined what standards will be required for biosimilars to meet the higher threshold for "interchangeability." Given this fact, to require physician notification at this point strikes me as premature.

For these reasons, I am returning SB 598 without my signature.

XXVII. Public Coverage Programs

Chaptered

AB 1 X1 (John A. Pérez)

Medi-Cal: eligibility.

Enacts statutory changes necessary to implement the coverage expansion, eligibility, simplified enrollment, benefits, and retention provisions of the federal Patient Protection and Affordable Care Act related to the Medicaid Program (Medi-Cal in California) and the California Children's Health Insurance Program. Makes the enactment of this bill contingent upon enactment of SB 1 X1 (Ed Hernandez). Chapter 3, Statutes of 2013-14 First Extraordinary Session.

AB 357 (Pan)

Medi-Cal Children's Health Advisory Panel.

Renames the Healthy Families Advisory Board to the Children's Health Advisory Board and transfers the panel's advisory and reporting capacity from Managed Risk Medical Insurance Board to the Director of the Department of Health Care Services on matters relevant to all children enrolled in Medi-Cal and their families, as specified. Chapter 376, Statutes of 2014.

AB 361 (Mitchell)

Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Authorizes the Department of Health Care Services (DHCS) to submit State Plan Amendments or Section 1115 waiver amendment to the federal Centers for Medicare and Medicaid Services for approval to implement a health home program for adults, children, or both, with chronic conditions pursuant to the federal Patient Protection and Affordable Care Act. Requires DHCS, if it creates a health home program, to determine if a SPA that targets adults that meet specified criteria is operationally viable. Chapter 642, Statutes of 2013.

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 498 (Chávez)

Medi-Cal.

Requires the Department of Health Care Services to allocate payments for uncompensated care to Non-Designated Public Hospitals (known more commonly as district hospitals or NDPHs) from the federally funded Safety Net Care Pool (SNCP) under the state's Medicaid waiver, subject to specified conditions. Requires NDPHs, or governmental entities with which they are affiliated, to receive funding from the SNCP, minus 50% retained by the state. Requires supplemental reimbursement, under an existing Medi-Cal program that provides supplemental federal reimbursement to public distinct part nursing facilities, to be subject to a reconciliation process. Chapter 672, Statutes of 2013.

AB 505 (Nazarian)

Medi-Cal: managed care: language assistance services.

Requires the Department of Health Care Services (DHCS) to require all Medi-Cal managed care plans contracting with DHCS to provide language assistance services to limited-English-proficient Medi-Cal beneficiaries who are mandatorily enrolled in managed care by requiring interpretation services to be provided in any language on a 24-hour basis at all key points of service, and requiring translation services to be provided to the language groups identified by DHCS meeting specified numeric thresholds. Chapter 788, Statutes of 2014.

AB 617 (Nazarian)

California Health Benefit Exchange: appeals.

Establishes an appeals process for eligibility determinations for insurance affordability programs (including Medi-Cal and tax credits available through the California Health Benefit Exchange (Covered California) and requires Covered California to contract with the Department of Social Services to serve as the designated entity to hear appeals. Chapter 869, Statutes of 2014.

AB 776 (Yamada)

Medi-Cal.

Defines stakeholder for purposes of the Medi-Cal Coordinated Care Initiative and Long Term Services and Support Integration (LTSS) Demonstration Project as including, but not limited to, area agencies on aging (AAA) and independent living centers (ILCs). Adds AAAs and ILCs to the stakeholder group currently required to be established by June 1, 2013, to develop a uniform assessment tool for In-Home Support Services and other Home and Community Based Services. Adds AAAs and ILCs to the list of stakeholders that are to be notified and consulted by the Department of Health Care Services and the Department of Social Services prior to taking action by means of the all-county letters, plan or provider bulletins, or similar instructions in lieu of taking regulatory action when implementing the LTSS Demonstration Project. Chapter 298, Statutes of 2013.

AB 1124 (Muratsuchi)

Medi-Cal: reimbursement rates.

Extends the exemption for laboratory providers from complying with the existing Medi-Cal comparable price regulation until July 1, 2015. Chapter 8, Statutes of 2014.

AB 1174 (Bocanegra and Logue)

Dental professionals.

Authorizes Medi-Cal payments for teledentistry services provided to individuals participating in the Medi-Cal program. Expands duties of registered dental assistants (RDAs), RDAs in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice. Chapter 662, Statutes of 2014.

AB 1233 (Chesbro)

Medi-Cal: Administrative Claiming process.

Authorizes participating Native American Indian tribes, tribal organizations or subgroups to facilitate Medi-Cal applications, including but not limited to using the California Healthcare Eligibility, Enrollment, and Retention System, and allows reimbursement as a Medi-Cal Administrative Activities specific activity. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 306, Statutes of 2013.

AB 1967 (Pan)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it commences or concludes an investigation of a Drug Medi-Cal provider, to notify counties that contract with the provider when a preliminary criminal investigation has commenced. Chapter 461, Statutes of 2014.

AB 2051 (Gonzalez and Bocanegra)

Medi-Cal: providers: affiliate primary care clinics.

Streamlines the enrollment process into Medi-Cal and the Family Planning, Access, Care, and Treatment for affiliate primary care clinics. Chapter 356, Statutes of 2014.

SB 1 X1 (Ed Hernandez and Steinberg)

Medi-Cal: eligibility.

Enacts, along with AB 1 X1 (John A. Pérez), statutory changes necessary to implement the Medicaid (Medi-Cal in California) and the California Children's Health Insurance coverage expansion, eligibility, simplified enrollment, and retention provisions of the federal Patient Protection and Affordable Care Act (ACA). Contains the provisions of the ACA relating to benefits, Medi-Cal coverage for former foster care youth up to age 26, presumptive eligibility determinations made by qualified hospitals, and coverage for qualified immigrants. Makes the enactment of this bill contingent upon enactment of AB 1 X1 (John A. Pérez). Chapter 4, Statutes of 2013-14 First Extraordinary Session.

SB 3 X1 (Ed Hernandez)

Health care coverage: bridge plan.

Requires the California Health Benefit Exchange, known as Covered California, by means of selective contracting, to make a bridge plan product available to specified eligible individuals, as a qualified health plan (QHP). Exempts the bridge plan product from certain requirements that apply to QHPs relating to making the product available and marketing and selling to all individuals equally (guaranteed issue) outside the Exchange and selling products at other levels of coverage. Requires the Department of Health Care Services to include provisions relating to bridge plan products in its contracts with Medi-Cal managed care plans. Requires Covered California to evaluate three years of data from the bridge plan products, as specified. Repeals the authority for enrollment in a bridge plan product on the October 1 that falls five years after the date of federal approval. Chapter 5, Statutes of 2013-14 First Extraordinary Session.

SB 18 (Leno and Ed Hernandez)

Medi-Cal renewal.

Requires the Department of Health Care Services to accept contributions by private foundations in the amount of at least \$6 million for the purposes of providing Medi-Cal renewal assistance payments, starting January 1, 2015. Chapter 551, Statutes of 2014.

SB 28 (Ed Hernandez and Steinberg)

California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange, known as Covered California, with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of AB 1 X1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SB 1 X1 (Ed Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. Chapter 442, Statutes of 2013.

SB 208 (Lara)

Public social services: contracting.

Deletes a prohibition on Medi-Cal prepaid health plans entering into any subcontract in which consideration is determined by a percentage of the primary contractor's payment from the Department of Health Care Services (DHCS), subject to objection from DHCS and instead authorizes these arrangements. Chapter 656, Statutes of 2013.

SB 239 (Ed Hernandez and Steinberg)

Medi-Cal: hospitals: quality assurance fees: distinct part skilled nursing facilities.

Enacts the Medi-Cal Hospital Reimbursement Improvement Act of 2013 to provide supplemental Medi-Cal payments to private hospitals; increased payments to Medi-Cal managed care plans for hospital services to Medi-Cal managed care enrollees; directs grants to designated public hospitals (hospitals owned or operated by counties or the University of California); directs grants to nondesignated public hospitals (hospitals owned or operated by hospital districts); and, provides funding for children's health care coverage. Requires private acute care hospitals to pay a quality assurance fee, as specified, until December 31, 2016, in order to provide funding for federal matching funds for supplemental payments, children's coverage, and direct grants. Establishes Intergovernmental Transfer programs. Eliminates a prospective Medi-Cal rate reduction that applies to distinct part nursing facilities. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 657, Statutes of 2013.

SB 508 (Ed Hernandez)

Medi-Cal: eligibility.

Makes changes to the eligibility requirements for the Medi-Cal program, to codify existing eligibility levels or clarify changes made to the program's eligibility requirements when the state expanded eligibility under the federal Patient Protection and Affordable Care Act, in particular conforming existing law to the federal requirement to use modified adjusted gross income for eligibility determination. Chapter 831, Statutes of 2014.

SB 800 (Lara)

Health care coverage programs: transition.

Transfers specified employees of the Managed Risk Medical Insurance Board (MRMIB) to the Department of Health Care Services (DHCS) or the California Health Benefit Exchange (Exchange), now called Covered California, if any statute dissolves or terminates MRMIB. Requires DHCS to provide the Exchange, or its designee, information about parents or caretakers of children enrolled in the Healthy Families program or the targeted low-income Medi-Cal program in order to conduct outreach to potentially eligible individuals. Chapter 448, Statutes of 2013.

SB 964 (Ed Hernandez)

Health care coverage.

Increases oversight of health care service plans (health plans) with respect to compliance with timely access and provider network adequacy standards. Requires a health plan to annually report specified network adequacy data, including separate Medi-Cal managed care (MCMC) and individual market product line data, to the Department of Managed Health Care (DMHC), and requires DMHC to review health plan compliance with timely access standards on an annual basis. Requires the Department of Health Care Services (DHCS) to share with DMHC monthly provider files submitted by MCMC plans, and its findings from MCMC plan audits. Requires DHCS to publicly report the findings of finalized MCMC plan audits. Chapter 573, Statutes of 2014.

SB 1004 (Ed Hernandez)

Health care: palliative care.

Requires the Department of Health Care Services (DHCS) to assist Medi-Cal managed care plans in delivering palliative care services. Requires DHCS to consult with stakeholders and directs DHCS to ensure the delivery of palliative care services in a manner that is cost-neutral to the General Fund, to the extent practicable. Chapter 574, Statutes of 2014.

SB 1089 (Mitchell)

Medi-Cal: juvenile inmates.

Makes clarifying changes to existing law requiring the Department of Health Care Services to allow counties to receive federal Medicaid funds (Medi-Cal in California) for inpatient services provided in a medical institution off the grounds of a correctional facility to juvenile inmates who would be eligible for Medi-Cal if not in a correctional facility. Chapter 836, Statutes of 2014.

SB 1161 (Beall)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it seeks a waiver of federal law regarding the Drug Medi-Cal program, to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospital settings providing short-term voluntary inpatient detoxification service. Chapter 486, Statutes of 2014.

SB 1315 (Monning)

Medi-Cal: providers.

Requires a notice of temporary suspension issued to a health care provider by the Department of Health Care Services to include a list of discrepancies required to be remediated and the timeframe by which a provider can demonstrate that the identified discrepancies have been remediated. Chapter 844, Statutes of 2014.

SB 1339 (Cannella)

Medi-Cal: Drug Medi-Cal Treatment Program providers.

Requires the Department of Health Care Services or a county to obtain a criminal background check for the owner and medical director of a Drug Medi-Cal provider prior to entering into a contract. Chapter 488, Statutes of 2014.

SB 1341 (Mitchell)

Medi-Cal: Statewide Automated Welfare System.

Requires the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. Chapter 846, Statutes of 2014.

SB 1457 (Evans)

Medical care: electronic treatment authorization requests.

Requires requests for authorization of treatment or services in the Medi-Cal, California Children's Services, and Genetically Handicapped Person's Program to be submitted in an electronic format. Chapter 849, Statutes of 2014.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 1552 (Lowenthal)

Community-based adult services: adult day health care centers.

Would have established the Community-Based Adult Services (CBAS) program as a Medi-Cal benefit, in both Medi-Cal fee-for-service and managed care, and specified requirements for CBAS program eligibility, and provider licensure and certification.

Veto Message: The bill would codify the Community-Based Adult Services benefit according to provisions stipulated in a settlement agreement reached in 2012.

Currently, this benefit is authorized under an approved waiver by the federal government. The terms of the waiver may change, pending federal review.

This important program will continue to help many thousands of frail adults remain independent. Codifying it now is premature.

AB 1263 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have established the Medi-Cal Patient Centered Communication program (CommuniCal), at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient Medi-Cal enrollees. Would have established a certification process and registry of CommuniCal medical interpreters at DHCS and would have granted collective bargaining rights with the state.

Veto Message: The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.

AB 2325 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have required the California Department of Health Care Services (DHCS) to establish the Medi-Cal Patient-Centered Communication Program, called CommuniCal, to provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient. Would have established a certification process and registry of CommuniCal interpreters at DHCS and grants CommuniCal interpreters collective bargaining rights with the state.

Veto Message: Assembly Bill 2325 would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal, and afford certified interpreters collective bargaining rights.

Last year, I vetoed these same provisions because California had embarked on an unprecedented expansion of our Medi-Cal program and I did not believe it wise to introduce more complexity given the many unknowns the state was facing. Since then, our challenges have neither diminished in number or difficulty. We are still in the throes of managing new enrollments, new renewals and expanding provider networks.

In reconsidering this measure, however, it appears that this bill contains more liabilities than were previously known. The provisions governing collective bargaining go above and beyond what public employees enjoy and potentially create new scopes of representation and litigation.

To the extent that interpretation services under Medi-Cal are insufficient, we should work together on appropriate cost-effective initiatives to help patients in need. I'm weary at this time of adding significant new costs to the Medi-Cal program when already in the last two years Medi-Cal General Fund spending has grown almost \$2.5 billion.

AB 2577 (Cooley and Pan)

Medi-Cal: ground emergency medical transportation services.

Would have required the Department of Health Care Services to design and implement a program to allow government entities to use intergovernmental transfers to claim federal Medicaid (Medi-Cal in California) funds in order to increase reimbursement for ground emergency medical transportation services provided to Medi-Cal managed care enrollees.

Veto Message: While I support funding mechanisms that would increase the availability of federal funds, this bill presents significant policy and implementation challenges at a time when the Department of Health Care Services is working at full capacity on several new and critical priorities integrating the Affordable Care Act into our health care system.

I will direct the department to continue conversations on this funding mechanism that reflects a more realistic time frame and is more workable for the department.

AB 2612 (Dababneh)

Medi-Cal.

Would have required the Department of Health Care Services to request a federal waiver to authorize federal financial participation for health home services provided to individuals who are otherwise eligible to receive health home services and who are state or county inmates in their last 30 days in custody.

Veto Message: The bill would require the Department of Health Care Services to request a federal waiver to claim federal funds for care management and supportive services for state and county inmates during the last 30 days prior to their release.

Unfortunately, federal law prohibits such funding and no such waiver is viable.

The Department of Health Care Services will continue to work with the Department of Corrections and Rehabilitation and counties to coordinate connections to needed health care services for soon-to-be released inmates.

SB 1002 (De León)

Low-income individuals: eligibility determinations.

Would have required a county to begin a new 12-month Medi-Cal eligibility period on a date that aligns the Medi-Cal eligibility period with the beneficiary's household CalFresh (formerly known as the Supplemental Nutrition Assistance Program) certification period, when a county determines or recertifies CalFresh eligibility.

Veto Message: The bill would require the Department of Health Care Services to seek federal permission to use an individual's CalFresh eligibility information to redetermine that same individual's eligibility for Medi-Cal; similarly, the bill would also require the Department of Social Services to seek federal permission to use an individual's Medi-Cal eligibility information to determine or redetermine eligibility for CalFresh.

Each department is working with the appropriate controlling federal agency to use existing program eligibility information to accomplish the goals of the bill.

I appreciate the support of the Legislature, but this bill is not necessary.

SB 1124 (Ed Hernandez)

Medi-Cal: estate recovery.

Would have limited state recovery from the estate of a deceased Medi-Cal beneficiary to only those costs for health care services that the state is required to recover under federal law.

Veto Message: The bill would revise Medi-Cal's policy of recouping monies from some estates of deceased beneficiaries and require certain notices to be made to current and former beneficiaries about estate recovery.

Allowing more estate protection for the next generation may be a reasonable policy goal. The cost of this change, however, needs to be considered alongside other worthwhile policy changes in the budget process next year.

XXVIII. Public Health

Chaptered

AB 1559 (Pan)

Newborn screening program.

Requires the Department of Public Health to expand statewide screening of newborns to include screening for adrenoleukodystrophy as soon as the addition is approved by the federal Recommended Uniform Screening Panel. Chapter 565, Statutes of 2014.

AB 1667 (Williams)

Tuberculosis testing in schools.

Replaces current mandatory tuberculosis (TB) testing for school employees and volunteers with a TB risk assessment administered by a health care provider. Chapter 329, Statutes of 2014.

AB 1743 (Ting)

Hypodermic needles and syringes.

Deletes the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extends, until January 1, 2021, the statewide authorization for pharmacists to sell syringes without a prescription, as specified. Chapter 331, Statutes of 2014.

AB 1755 (Gomez)

Medical information.

Revises provisions of law requiring licensed health facilities to prevent disclosure of patients' medical information by extending the deadline for health facilities to report unauthorized disclosures from five to 15 business days after unlawful or unauthorized access, use, or disclosure has been detected. This bill also authorizes the report made to the patient or the patient's representative to be made by alternative means, including email, as specified by the patient. This bill also extends the deadline when reporting is delayed for law enforcement purposes, as specified, from five to 15 days business days after the end of the delay. This bill gives the Department of Public Health full discretion to consider all factors when determining whether to conduct investigations under these provisions. Chapter 412, Statutes of 2014.

AB 1898 (Brown)

Public health records: reporting: HIV/AIDS.

Adds hepatitis B, hepatitis C, and meningococcal infection to the list of diseases that local health officer reports to the Department of Public Health for the purpose of the investigation, control, or surveillance of human immunodeficiency virus/acquired immune deficiency syndrome and co-infection. Chapter 566, Statutes of 2014.

AB 1965 (Yamada)

Outdoor dining facilities: pet dogs.

Allows food facilities to permit a person to bring a pet dog to outdoor dining areas, provided that certain conditions are met, and allows local governing bodies to prohibit pet dogs in food facilities' outdoor dining areas. Chapter 234, Statutes of 2014.

AB 1967 (Pan)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it commences or concludes an investigation of a Drug Medi-Cal provider, to notify counties that contract with the provider when a preliminary criminal investigation has commenced. Chapter 461, Statutes of 2014.

AB 2069 (Maienschein)

Immunizations: influenza.

Requires the State Department of Public Health to post educational information regarding influenza vaccinations on its Internet Web site. Chapter 357, Statutes of 2014.

AB 2130 (Pan and Gatto)

Retail food safety.

Repeals a prohibition on bare hand contact with ready-to-eat food by food employees and replaces it with prior law, which required food employees to minimize bare hand contact. Chapter 75, Statutes of 2014.

AB 2539 (Ting)

Certified farmers' markets.

Makes various changes to the rules governing certified farmers' markets, including requiring all meat products offered for sale in a farmers' market to be from approved sources and to be maintained at 41 degrees Fahrenheit, prohibiting smoking of nicotine products within 25 feet of the commerce area of the farmers' market, and prohibiting the self-serving of food samples. Chapter 907, Statutes of 2014.

ACR 155 (Bocanegra)

Childhood brain development: adverse experiences: toxic stress.

Makes legislative findings and declarations related to adverse experiences and toxic stress and urges the Governor to identify evidence-based solutions to reduce children's exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventive health care, mental health and, wellness interventions. Res. Chapter 144, Statutes of 2014.

SB 906 (Correa)

Elective Percutaneous Coronary Intervention (PCI) Program.

Creates the Elective Percutaneous Coronary Intervention Program in the Department of Public Health to certify general acute care hospitals that are licensed to provide urgent and emergent cardiac catheterization laboratory services in California, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. Chapter 368, Statutes of 2014.

SB 1235 (Knight)

Prepackaged food.

Expands an exemption from provisions of the California Retail Food Code (CRFC), premises set aside for a beer tasting facility that currently serves chips and pretzels to include prepackaged, non-potentially hazardous food for onsite consumption. Requires a beer tasting facility that sells prepackaged, non-potentially hazardous foods to comply with general provisions of the CRFC relating to proper storage of food, inspection, and enforcement provisions, impoundment of food, penalties, and owner/operator responsibilities; limits the food display area to less than 25 square feet. Chapter 927, Statutes of 2014.

SB 1438 (Pavley)

Controlled substances: opioid antagonists.

Adds peace officers to those allowed to administer an opioid antagonist to a person at risk of an opioid-related overdose. Requires the Emergency Medical Services Authority to develop and adopt training and standards for all prehospital emergency care personnel regarding the use and administration of naloxone hydrochloride and other opioid antagonists and to include the administration of naloxone in the training and scope of practice, consistent with current law, for emergency medical technician I certification. Requires the Attorney General to authorize hospitals and trauma centers to share data on controlled substance overdose trends with local law enforcement agencies and local emergency medical services agencies, as specified. Chapter 491, Statutes of 2014.

Vetoed

AB 1592 (Beth Gaines)

California Diabetes Program.

Would have required the Department of Public Health (DPH) to complete and submit to the Legislature a Diabetes Burden Report by December 31, 2015, including, among other things, actionable items for consideration by the Legislature that will aid in attaining the goals set forth by DPH in the California Wellness Plan for 2014. Would have required DPH to include in the report guidelines that will reduce the fiscal burden of diabetes to the state.

Veto Message: I appreciate the author's efforts to highlight, monitor and reduce the burden of diabetes in the state. Unfortunately, the Department of Public Health already submitted its Diabetes Burden Report to the federal Centers for Disease Control and Prevention, as required, and is unable to withdraw the report to include additional information prescribed by the bill.

Instead, I will direct the Department of Public Health and the Department of Health Care Services to work with the author and stakeholders to provide the information sought by the bill, so that lawmakers and others will have the facts necessary to assess and further direct our collective effort to reduce the prevalence of diabetes in our state.

SB 1002 (De León)

Low-income individuals: eligibility determinations.

Would have required a county to begin a new 12-month Medi-Cal eligibility period on a date that aligns the Medi-Cal eligibility period with the beneficiary's household CalFresh (formerly known as the Supplemental Nutrition Assistance Program) certification period, when a county determines or recertifies CalFresh eligibility.

Veto Message: The bill would require the Department of Health Care Services to seek federal permission to use an individual's CalFresh eligibility information to redetermine that same individual's eligibility for Medi-Cal; similarly, the bill would also require the Department of Social Services to seek federal permission to use an individual's Medi-Cal eligibility information to determine or redetermine eligibility for CalFresh.

Each department is working with the appropriate controlling federal agency to use existing program eligibility information to accomplish the goals of the bill.

I appreciate the support of the Legislature, but this bill is not necessary.

SB 1094 (Lara)

Nonprofit health facilities: sale of assets: Attorney General approval.

Would have provided an additional 30 days for the Attorney General (AG) to review proposed transactions involving non-profit health facilities. Would have allowed the AG to enforce the conditions of an approved agreement, and to amend the conditions of an agreement or transaction involving a non-profit health facility if a party to the transaction or agreement made material misrepresentations to the AG. Would have required the AG, prior to imposing an amended condition, to provide the parties to the agreement written notice of the proposed condition and allows the parties 30 days to respond.

Veto Message: This bill would expand the Attorney General's power to review and impose conditions on the sale or transfer of nonprofit hospitals and their assets.

For nearly two decades, the Attorney General has had the authority to approve, deny or place conditions on these transactions in order to evaluate potential impacts on a community's access to health care services, and safeguard - as much as possible - those assets that have been held in the public trust. Occasionally, disputes pertaining to the conditions of approval arise after a transaction has been approved, and the Attorney General must appeal to the courts to impose the remedy.

The Attorney General's office is currently in the process of revising regulations pertaining to these transactions. We should wait until these new regulations are implemented before deciding what adjustments, if any, are needed to improve the approval process for nonprofit hospital sales.

XXIX. School/Pupil Health

Chaptered

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 626 (Skinner and Lowenthal)

School nutrition.

Updates requirements for foods and drinks served in schools and makes additional changes to conform to the federal Healthy Hunger-Free Kids Act of 2010. Chapter 706, Statutes of 2013.

AB 1667 (Williams)

Tuberculosis testing in schools.

Replaces current mandatory tuberculosis (TB) testing for school employees and volunteers with a TB risk assessment administered by a health care provider. Chapter 329, Statutes of 2014.

AB 1840 (Campos)

Pupil health: vision appraisal.

Authorizes a child's vision to be appraised by using an eye chart or any scientifically validated photoscreening test and requires photoscreening tests to be performed, under an agreement with, or the supervision of an optometrist or ophthalmologist, by the school nurse or by a trained individual who meets specified requirements as determined by the California Department of Education. Chapter 803, Statutes of 2014.

AB 2706 (Roger Hernández)

Schools: health care coverage: enrollment assistance.

Requires public schools to ensure their enrollment forms include a section that offers the parent or legal guardian of a pupil the option of being referred to an entity that can provide information regarding health care coverage options and enrollment assistance. Chapter 827, Statutes of 2014.

SB 949 (Jackson)

After school programs: Distinguished After School Health Recognition Program.

Establishes the Distinguished After School Health Recognition Program, for after school programs meeting specified requirements, to be administered by the California Department of Education. Requires that funding for the recognition program be subject to an appropriation in the annual Budget Act or another statute, or by funding from nonstate sources and sunsets the provisions of this bill on January 1, 2018. Chapter 369, Statutes of 2014.

SB 1172 (Steinberg)

Pupil health: vision appraisals.

Requires a pupil's vision to be appraised by authorized individuals, as specified, during kindergarten or upon first enrollment or entry in a California elementary school, and again in grades 2, 5, and 8. Requires the California Department of Education to adopt guidelines to implement these provisions. Chapter 925, Statutes of 2014.

Vetoed

AB 174 (Bonta)

Public school health centers.

Would have required the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding was made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma.

Veto Message: Assembly Bill 174 aims to establish a pilot program in Alameda County, using non-state funds to provide school-based mental health services for students impacted by trauma.

I support the efforts of the bill but am returning it without my signature, as Alameda County can establish such a program without state intervention and may even be able to use Mental Health Services Act funding to do so.

Waiting for the state to act may cause unnecessary delays in delivering valuable mental health services to students. Counties should explore all potential funding options, including Mental Health Services Act funds, to tailor programs that best meet local needs.

XXX. Scope of Practice

Chaptered

AB 119 (Committee on Environmental Safety and Toxic Materials)

Water treatment devices.

Deletes existing law that requires water treatment devices to be certified by the Department of Public Health (DPH) and instead requires manufacturers, commencing January 1, 2014, to submit to DPH specified information for inclusion on DPH's Internet Web site. Prohibits a water treatment device for which a health or safety claim is made from being sold or distributed unless the device has a valid certificate issued on or before December 31, 2013, or the device has been certified by an independent certification organization that has been accredited by the American National Standards Institute, as specified and the device is included on the list of water treatment devices published on DPH's Web site. Chapter 403, Statutes of 2013.

AB 1174 (Bocanegra and Logue)

Dental professionals.

Authorizes Medi-Cal payments for teledentistry services provided to individuals participating in the Medi-Cal program. Expands duties of registered dental assistants (RDAs), RDAs in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice. Chapter 662, Statutes of 2014.

AB 1974 (Quirk)

Health facilities: special services.

Specifies that a "special service" does not include a functional division, department, or unit of a nursing facility that is Medicare or Medi-Cal certified and that is organized, staffed, and equipped to provide inpatient physical therapy services, occupational therapy services, or speech pathology and audiology services to residents of the facility. Chapter 288, Statutes of 2014.

AB 2143 (Williams)

Clinical laboratories: chiropractors.

Allows doctors of chiropractic (DC) to perform specified laboratory (lab) tests as part of the qualifications examinations for commercial drivers. Authorizes waivers from state requirements for clinical labs when performing specified tests, provided certain requirements are met. Requires a DC to obtain a waiver and comply with all applicable requirements for performing waived lab tests and requires the DC to refer an applicant who has an abnormal reading to the applicant's primary care physician. Chapter 269, Statutes of 2014.

Vetoed

AB 2062 (Roger Hernández)

Health facilities: surgical technologists.

Would have prohibited a health facility from employing a surgical technologist unless the individual had completed an accredited educational program and obtained certification as a surgical technologist. Would have grandfathered in surgical technologists who were employed in health facilities prior to January 1, 2015.

Veto Message: The bill would require that a health facility employ only surgical technologists with specified training and certification, with certain exceptions.

Two years ago, I vetoed a similar bill that sought "title protection" for certified surgical technologists in law. A new certification requirement, enforced by hospitals, could introduce an unnecessary barrier to employment.

Hospitals successfully employ many surgical technologists today. They should continue to do their utmost to ensure that everyone in an operating room is competent and qualified to do the job.

XXXI. Veteran's Health Care

Chaptered

AB 1812 (Pan)

Health facilities: information: disclosure.

Authorizes the Office of Statewide Health Planning and Development to release confidential hospital patient-level data to the United States Department of Health and Human Services and its subsidiary agencies and to the Veterans Health Care Administration, under specific data use agreements. Chapter 265, Statutes of 2014.

XXXII. Vital Statistics

Chaptered

AB 464 (Daly)

Vital records.

Updates existing law to allow for requests of birth, death, and marriage certificates using digitized images, requires the use of a specified form for the acknowledgement of an instrument, and allows an informational copy of a death certificate to be used to prove the death of a person for real property transfer purposes. Chapter 78, Statutes of 2013.

AB 1577 (Atkins)

Certificates of death: gender identity.

Requires, beginning July 1, 2015, a person completing a death certificate to record the decedent's sex reflecting the decedent's gender identity as reported by the person or source best qualified to supply this information, unless presented with specified legal documents identifying the decedent's gender. Chapter 631, Statutes of 2014.

AB 1733 (Quirk-Silva, et al)

Public records: fee waiver.

Requires the Department of Motor Vehicles to issue, without a fee, an identification card to any individual who can verify his or her status as homeless. Chapter 764, Statutes of 2014 .

AB 1951 (Gomez)

Vital records: birth certificates.

Requires the State Registrar, beginning January 1, 2016, to modify birth certificates to recognize same-sex couples, allowing for a gender neutral option on the certificate identifying a "parent." Chapter 334, Statutes of 2014.

XXXIII. Miscellaneous

Chaptered

AB 119 (Committee on Environmental Safety and Toxic Materials)

Water treatment devices.

Deletes existing law that requires water treatment devices to be certified by the Department of Public Health (DPH) and instead requires manufacturers, commencing January 1, 2014, to submit to DPH specified information for inclusion on DPH's Internet Web site. Prohibits a water treatment device for which a health or safety claim is made from being sold or distributed unless the device has a valid certificate issued on or before December 31, 2013, or the device has been certified by an independent certification organization that has been accredited by the American National Standards Institute, as specified and the device is included on the list of water treatment devices published on DPH's Web site. Chapter 403, Statutes of 2013.

AB 130 (Alejo)

Health care districts: chief executive officers: benefits.

Prohibits a contract between a health care district and its chief executive officer (CEO) from authorizing retirement benefits to be paid to the CEO before he or she retires. Chapter 92, Statutes of 2013.

AB 464 (Daly)

Vital records.

Updates existing law to allow for requests of birth, death, and marriage certificates using digitized images, requires the use of a specified form for the acknowledgement of an instrument, and allows an informational copy of a death certificate to be used to prove the death of a person for real property transfer purposes. Chapter 78, Statutes of 2013.

AB 1168 (Pan)

Safe body art.

Makes a number of changes to existing law governing the business of body art in California to improve safety and enforcement in permanent, temporary, and mobile facilities. Chapter 555, Statutes of 2013.

AB 1297 (John A. Pérez)

Coroners: organ donation.

Facilitates the sharing of information between coroners and organ procurement organizations regarding cases in which an anatomical gift may be available from a person whose demise is imminent and that person's body will be subject to a death investigation by the coroner post mortem. Chapter 341, Statutes of 2013.

AB 1790 (Dickinson)

Foster children: mental health services.

Requires the Department of Social Services to convene a stakeholder group, as specified, to identify barriers to mental health services by mental health professionals with specified training. Requires the stakeholder group, on or before January 31st, 2016, to make specific, non-binding recommendations to specified groups to address the identified barriers. Chapter 766, Statutes of 2014.

AB 1951 (Gomez)

Vital records: birth certificates.

Requires the State Registrar, beginning January 1, 2016, to modify birth certificates to recognize same-sex couples, allowing for a gender neutral option on the certificate identifying a "parent." Chapter 334, Statutes of 2014.

AB 1967 (Pan)

Drug Medi-Cal.

Requires the Department of Health Care Services, if it commences or concludes an investigation of a Drug Medi-Cal provider, to notify counties that contract with the provider when a preliminary criminal investigation has commenced. Chapter 461, Statutes of 2014.

AB 1974 (Quirk)

Health facilities: special services.

Specifies that a "special service" does not include a functional division, department, or unit of a nursing facility that is Medicare or Medi-Cal certified and that is organized, staffed, and equipped to provide inpatient physical therapy services, occupational therapy services, or speech pathology and audiology services to residents of the facility. Chapter 288, Statutes of 2014.

Vetoed

AB 714 (Wieckowski)

Roman Reed Spinal Cord Injury Research Fund.

Would have appropriated \$1 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999.

Veto Message: While the measure strives to do only good - namely advance research and cures for spinal cord injury - appropriating yet more state General Fund dollars to the University of California for a select purpose is not the answer.

After several years of painful cuts, last January, I proposed substantial budget increases for the University of California (\$511 million over four years) with maximum flexibility for their funding, so long as they did not increase tuition. The 2013 Budget Act provided the first portion of that increased investment.

Research is a core mission of the University of California. As such, it is entirely within the university system's discretion to fund the Spinal Cord Research Program, or any other project it deems of value. For that reason, I have consistently chosen not to support special earmarks in the University of California's budget and leave it to the university - as deeply steeped in innovation and research as it is - to make funding decisions like this.

AB 1877 (Cooley)

California Vision Care Access Council.

Would have created in state government the California Vision Care Access Council, governed by the Board of the California Health Benefit Exchange, to create a Website to inform consumers about individual and employer-based vision plans offered by participating carriers.

Veto Message: The bill would create the California Vision Care Access Council as a new public entity charged with operating a Web site that allows consumers to compare information about vision plans that meet the Council's requirements. The bill would also require Covered California's board to run the Council's operations, and use the board's staff and resources to conduct the activities of the Council, if permitted by federal law.

Creating a new state bureaucracy to inform consumers about vision plans isn't necessary, nor is it advisable to divert Covered California's focus with a new scheme, the governance of which may be impermissible under federal rules.

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